

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

W03000036502

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 00000800494

1. Corporation Name

Castle Rock Consultants, Inc.

REINSTATEMENT 01-03

2. Principal Office Address

6222 SW Virginia Ave
Suite, Apt. #, etc.

Suite 2

City & State

Portland, OR

Zip

OR

Country

USA

3. Mailing Office Address

6222 SW Virginia Ave
Suite, Apt. #, etc.

Suite 2

City & State

Portland, OR

Zip

OR

Country

USA

100024875681
11/20/03--01002--025 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

May 6, 1996

5. FEI Number

541824405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)

660 East Jefferson St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mah [Signature]

REGISTERED AGENT MUST SIGN

Date

11/12/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached list		100024875681 12/16/03--01012--007 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Dean Deeter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/03

503-892-2598

Daytime Phone #

CR2E081 (9/01)

**CASTLE ROCK CONSULTANTS, INC.
OFFICERS**

Chief Executive Officer: Peter Davies
4617 East Ardmore Drive
Phoenix, AZ 85044-5712
SSN: 524-97-1124

President: Dean Deeter
6222 SW Virginia Avenue, Suite 2
Portland, OR 97239-3618
SSN: 361-62-3976



November 13, 2003

RE: Reinstatement of Castle Rock Consultants, Inc. Foreign Profit Certificate
of Authority - Originally Granted January 27, 2000
FEI Number: 541824405
Document Number: F00000000494

State of Florida
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Please review the attached reinstatement paperwork. We respectfully request that the entire \$600 reinstatement fee be reduced to \$300 since we did not ever receive any filing notices.

All accounting, contracts, and recordkeeping is done in our principal office, which is now located in Portland Oregon. Therefore, all correspondence pertaining to contracts, licensing, and accounting should be forwarded to the following address:

Castle Rock Consultants, Inc.
Attn: Frances Wall, Accountant
6222 SW Virginia Avenue, Suite 2
Portland, OR 97239-3618
Phone: 503-245-2063
Fax: 503-892-2603

I have enclosed a check in the amount of \$308.75, which includes \$300.00 for our reinstatement fee and an additional \$8.75 for a Certificate of Status.

Please contact me at the above number if you should have any questions concerning this reinstatement.

Sincerely,

A handwritten signature in cursive script that reads "Frances Wall".

Frances Wall
Accountant