

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 NOV 13 PM 1:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G 30538

1. Corporation Name CASTLEROCK, INC.

Principal Place of Business Mailing Address 4805 SW 60th Avenue, Ocala, FL 34474

REINSTATEMENT 94-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 3-18-83 5. FEI Number 59-2277689 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for Michael Oehlerking at 4805 SW 60th Avenue, Ocala, FL 34474.

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Handwritten signature and date 11/11/97

8. Name and Address of Current Registered Agent

Michael Oehlerking 7851 State Rd 200 W Ocala, FL 32676

9. Name and Address of New Registered Agent

Name Michael Oehlerking Street Address (P.O. Box Number is Not Acceptable) 4805 SW 60th Avenue Suite, Apt. #, Etc. City Ocala State FL Zip Code 34474

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Michael Oehlerking REGISTERED AGENT MUST SIGN

Date 11/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. 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: Michael Oehlerking SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/97 (352) 873-3922 Date Daytime Phone #

CPRE040 (1-2095)