L05000093756

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000093756

1. Limited Liability Company's Name

Castle Construction LLC

900188637139
12/13/10--01063--002 **377.50
CR2E041 (05/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 607 | 607 |
| Suite, Apt. #, etc. N. New Jersey Ave. | Suite, Apt. #, etc. N. New Jersey Ave |
| City & State Tampa, Fl | City & State Tampa Fl |
| Zip 33609 Country USA | Zip 33609 Country USA |

4. State/Country of Formation Florida USA

5. Date Organized or Qualified To Do Business in Florida Sept. 23rd 2005

6. FEI Number 22-3917537 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**

Name: Michael Levine

Street Address (P.O. Box Number is Not Acceptable): 607 N. New Jersey Ave.

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33609

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11-19-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR Owner | Michael Levine | 607 N. New Jersey Ave Tampa, Fl 33609 | Tampa, Fl 33609 |
| | | | |
| | | | |
| | | | B. BOSTICK |
| | | | DEC 17 2010 |
| | | | EXAMINER |

11. E-mail Address: mycastleconstruction@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11-19-10 Daytime Phone # 813-431-1137

Typed or printed name of signing Managing Member/Manager Michael Levine