

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000026913

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Entity Name:** CASTELLON CARPENTRY, INC.

**Current Principal Place of Business:**

3404 34TH ST SW  
LEHIGH ACRES, FL 33976

**New Principal Place of Business:**

**Current Mailing Address:**

3404 34 TH ST SW  
LEHIGH ACRES, FL 33976

**New Mailing Address:**

**FEI Number:** 20-0716901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTELLON, ALBERTO D  
3404 34TH ST SW  
LEHIGH ACRES, FL 33976 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSAMARIE CASTELLON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASTELLON, ALBERTO D  
Address: 3404 34TH ST SW  
City-St-Zip: LEHIGH ACRES, FL 33976

Title: VD ( ) Delete  
Name: CASTELLON, ROSAMARIE  
Address: 3404 34 TH ST SW  
City-St-Zip: LEHIGH ACRES, FL 33976

Title: TD ( ) Delete  
Name: JACKSON, PEDRO  
Address: 3404 34TH ST SW  
City-St-Zip: LEHIGH ACRES, FL 33976

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSAMARIE CASTELLON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VD

10/12/2009

\_\_\_\_\_  
Date