

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 FEB 28 AM 10:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000104654

1. Corporation Name

CASTLE FARMS, INC

2. Principal Office Address - No P.O. Box #

912 CINDY CR LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WELLINGTON

City & State

FL

Zip

Country

33414

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2008

5. FEI Number

800312930

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

FROELICH & DE LA RUA CPA FIRM

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

12008 SOUTH SHORE BLVD

Suite, Apt. #, Etc.

210

City

WELLINGTON

State

FL

Zip Code

33414

900257310289
02/28/14--01038--021 **1350.00

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

REGISTERED AGENT MUST SIGN

Date

2/25/14

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
P	JOAQUINA CASTILLO	912 CINDY CR LN	WELLINGTON/FL 33414

10. E-mail Address: **pb5333@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2014

Date

Daytime Phone #

561-9067809