

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 18 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000022887

1. Corporation Name

CASTLEROCK SITEWORK, INC.

2. Principal Office Address - No P.O. Box #
601 SE 80 Street

3. Mailing Office Address
601 SE 80 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL 34480

City & State

Ocala, FL 34480

Zip 34480

Country USA

Zip 34480

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/27/1996

5. FEI Number
593186754

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
Michael Oehlerking

Street Address (P.O. Box Number is Not Acceptable)
601 SE 80 Street

Suite, Apt. #, Etc.

City
Ocala

State FL Zip Code 34480

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 10/08/2007

REGISTERED AGENT MUST SIGN

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
D	Michael Oehlerking	601 SE 80 Street	Ocala, FL 34480

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10/18/07--01021--026 **1200.00

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 contained in Chapter 119, 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

(352) 266-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell OCT 18 2007