


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03-OCT 17 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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REINSTATEMENT 98-07

DOCUMENT # P96000022887

1. Corporation Name
Castlerock Sitework, Inc.

2. Principal Office Address 601 SE 80 Street Suite, Apt. #, etc.		3. Mailing Office Address 601 SE 80 Street Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
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 <input type="checkbox"/> \$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

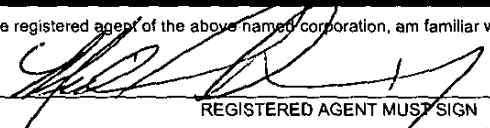
Suite, Apt. #, Etc.:

City: Ocala

State: FL Zip Code: 34480

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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: 

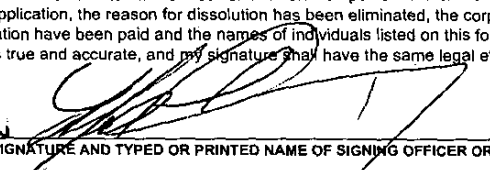
REGISTERED AGENT MUST SIGN

Date: 10-15-03

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

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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/15/03

Daytime Phone #: 352-266-4949

CR2E081 (10/02)

10/15/03