


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 498215

1. Corporation Name

**CASTAR INCORPORATED**

Principal Place of Business

7290 S.W. BIRD RD.  
MIAMI FL 33155

Mailing Address

7290 S.W. BIRD RD.  
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1976

5. FEI Number

59 1675460

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CARMEN, GARCIA	8941 SW 20 ST	MIAMI FL
<del>ST</del>	<del>CARRERA, ANDRES</del>	<del>2795 SW 31 PL</del>	<del>MIAMI FL</del>
ST	CARMEN GARCIA	8941 SW 20 ST	MIAMI FL
			800002759338--5 -02/01/99--01002--007 ****750.00 ****750.00
			800002759338--5 -02/01/99--01002--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CARRERA, ANDRES  
2795 SW 31 PL  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name  
Carmen Garcia  
Street Address (P.O. Box Number is Not Acceptable)  
7290 S.W. Bird Rd  
Suite, Apt. #, Etc.

City  
Miami Florida  
State  
FL  
Zip Code  
33155

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Carmen Garcia*  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

*Carmen Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-98

Date

Daytime Phone #

CR2E040 (9/98)