PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CASTMAR INCORPORATED

FILED

02 JUN 20 PM 12: 02

SECRETARY OF STATE TALLAHASSEE, FLORED

Principal Place of Business 7290 S.W. BIRD RD. MIAMI FL 33155		Mailing Address 7290 S.W. BIRD RD. MIAMI FL 33155		REAL MANAGEMENT OF THE PARTY OF			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						·	21-00
2. New Principal Office Address, If Applicable +290 SW DICD (2041)		3. New Mailin	w Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/04/1976		
			Suite, Apt. #, etc.		5. FEI Number	<u>.</u> صن سو دا	Applied For
City & State NIAMI- FURIDA		City & State			59-1675460 Not Applicable 6.		
33155 Country USA		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED S8.75 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)							
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PST	GARCIA, CARMEN	8941 SW 20 ST-		F	MIAMLEL		
PRES ANA INCHAUTE GUI		60 i	7290 SW 40745		ST	MIAMI - FC	33155
,						000609.75 -06/28/02010 -****700.00	372
			· · · • · · · · · · · · · · · · · · · ·	1,	70	00060975 -06/28/0201(****200.00	021 .=- 004 <u>~~~</u> \$
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
Ang Inchautegui GARCIA, CARMEN 7290 S.W. BIRD RD. MIAMI FL 33155			Name ANA IN CHAUTE GUI Street Address (P.O. Box Number is Not Acceptable) 72 90 SW 40 STREET Suite, Apt. #, Etc. City MIAMI State Zip Code FL 33 (SS				Zip Code
10. I, being	appointed the registered agent of the abo	ve named corpor	ration, am familiar			on 607.0505, F.S.	73(2)
Signature of Registered Agent Date CIPCOZ REGISTERED AGENT MUST SIGN							
11. I certify	that I am an officer or director or the receiv			te this application as p	provided for in cha	pter 607 or 617, F.S. I further o	ertify 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #