

APPLICATION FOR REINSTATEMENT



DOCUMENT # 498215

CASTMAR INCORPORATED

7290 S.W. BIRD RD.
MIAMI FL 33155

Country

**\$8.75 Additional Fee required
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	GARCIA, CARMEN	8941 SW 20 ST	MIAMI FL
PRES	ANA INCHAUTEGUI	7290 SW 40 TH ST	MIAMI - FC- 33155
			<div data-bbox="1003 1190 1516 1289"> <div>700006097537--5</div> <div>-06/28/02--01021--003</div> <div>****200.00 ****200.00</div> </div>
			<div data-bbox="1003 1289 1516 1388"> <div>700006097537--5</div> <div>-06/28/02--01021--004</div> <div>****200.00 ****200.00</div> </div>

Name ANA INCHAUTE GUI
Street Address (P.O. Box Number is Not Acceptable) 7290 SW 40TH STREET
Suite, Apt. #, Etc. _____
City MIAMI

Anna Chaitkin REQUIRED

618102

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #