

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 23 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626631

1. Corporation Name

Castaways Management, Inc.

2. Principal Office Address

16400 Collins Avenue #2746
Miami Beach, FL 33160

3. Mailing Office Address

16400 Collins Avenue #2746
Miami Beach, FL 33160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1979

5. FEI Number

59-1924821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

601

City

C. Bayes

State

FL

Zip Code

33134

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 12/22/03

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
VPAS	Ingrid Angele	16400 Collins Avenue #2746	Miami Beach, FL 33160

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)(f), 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

12/22/03

Date

305-947-9594

Daytime Phone #

CR2001 (10/02)

CASTAWAYS MANAGEMENT, INC.

December 11, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please be advised that our office did not receive the annual report for Castaways Management, Inc. or any other notification from the Secretary of State as our principal address is incorrectly listed in your records. Attached is the Application for Reinstatement together with our check in the sum of \$150.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-947-9594.

Sincerely,



Ingrid Angele
Vice-President