

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 AUG 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46529

1. Corporation Name
CASTILLA MARKET CORPORATION

2. Principal Office Address - No P.O. Box # 1601 SW 93 COURT		3. Mailing Office Address 1601 SW 93 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip 33165	Country USA	Zip 33165	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-2130951**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANA MARIA GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
1601 SW 93 COURT

Suite, Apt. #, Etc.

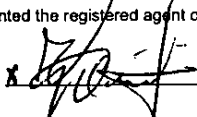
City
MIAMI

State
FL

Zip Code
33165

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

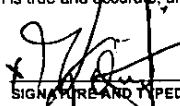
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **06/19/07**

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
PTD	VICTOR GONZALEZ	1601 SW 93 CT	MIAMI, FL 33165
VSD	ANA MARIA GONZALEZ	1601 SW 93 CT	MIAMI, FL 33165
			100109205191 09/07/07--01032--015 **450.00
REINSTATEMENT 08-07			
RH			

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 contained in Chapter 119, 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:  **VICTOR GONZALEZ**

Date **06/19/07** Daytime Phone # **786-546-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CASTILLA MARKET CORPORATION
1601 SW 93 CT
MIAMI, Florida 33165**

Miami, June 18, 2007
Re: CASTILLA MARKET CORPORATION
F.E.I.: 59-2130951
Document # F46529

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

Gentlemen:

This letter is to inform you that we did not received any correspondence for **CASTILLA MARKET CORPORATION** for the last 3 years.

Enclosed please find Corporation Reinstatement and a payment of \$ 450.00 for each past year.

If you have any questions do not hesitate to contact us.

Very truly,



Victor Gonzalez
President
786-546-5300