


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L-16352		01 NOV -5 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name Castles Holdings, L.L.C.		REINSTATEMENT 2001	
2. Principal Office Address 16950 Jog Road Suite, Apt. #, etc. Suite 102 City & State Delray Beach Zip FL Country 33446		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 12/29/00	
6. FEI Number 65-1084754		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name James F. Miller			
Street Address (P.O. Box Number is Not Acceptable) 16950 Jog Road			
Suite, Apt. #, Etc. Suite 102			
City Delray Beach FL State FL Zip Code 33446			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date 11-2-01	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	James F. Miller	2616 Carolina Court	Lake Worth, FL 33460
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager		Date 11-2-01 Daytime Phone # 561-638-9588	
Typed or printed name of signing Managing Member/Manager James F. Miller			

CR25M1 (8/00)