

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 090000 30632**

1. Limited Liability Company's Name
GABRIEL CASTILLO & ASSOCIATES, LLC

2. Principal Office Address - No P.O. Box #
819 STERLING SPRINGS RD
Suite, Apt. #, etc.
City & State
ORLANDO, FLORIDA
Zip Country
32828 USA

3. Mailing Office Address
819 STERLING SPRINGS RD
Suite, Apt. #, etc.
City & State
ORLANDO, FLORIDA
Zip Country
32828 USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
03/30/2009

6. FEI Number
26-4581095
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
JOSE GABRIEL CASTILLO
Street Address (P.O. Box Number is Not Acceptable)
819 STERLING SPRING RD.
Suite, Apt. #, Etc.
City State Zip Code
ORLANDO, FLORIDA FL 32828

E-mail Address:
**800254024719
11/13/13-01027-008 #4877.30**
JGCASTILLO@7@HOTMAIL.COM
(To be used for future annual report notices)

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
[Signature]
REGISTERED AGENT MUST SIGN

REINSTATEMENT 3/13

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
MEM	GABRIEL CASTILLO	111 E WASHINGTON, 1714	ORLANDO, FL. 32801
MEM	JOSE CASTILLO	819 STERLING SPRINGS RD	ORLANDO, FL. 32828

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager
[Signature]
Date **11/13/13** Daytime Phone # **407-721-6794**
Typed or printed name of signing Managing Member/Manager **Gabriel Castillo**