

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR -4 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO 4000000007**

1. Corporation Name

**Castello 1 Condominium  
Association Inc.**

2. Principal Office Address - No P.O. Box #

**835 SW 2 Street**

Suite, Apt. #, etc.

City & State

**Miami, FLA**

Zip

**33130**

Country

3. Mailing Office Address

**P.O. Box 835097**

Suite, Apt. #, etc.

City & State

**Miami, FLA**

Zip

**33283**

Country

**USA**

**REINSTATEMENT**

**06-08**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05-06-07**

5. FEI Number

**113712130**

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

**Sigurd Greene**

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

**8240 MILLS Drive.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33183**

☒ 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

**Sigurd Greene**

Date **02/27/08**

REGISTERED AGENT MUST SIGN

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
P	Sigurd Greene	6840 SW 78th	Miami, FLA 33143
T	Pedro Martell	9480 SW 25th	Miami, FLA 33165
S	Katherine Diaz	15956 SW 86th	Miami, FLA 33143

000119367130  
03/04/08--01020--007 \*\*\*420.00

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:

**Sigurd Greene**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/27/08**

Date

**305-803-7333**

Daytime Phone #

3660