

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 15 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000005458

1. Corporation Name

Castle Services of Southwest Florida, Inc

600006470026--7
-07/17/02--01056--004
***300.00 ***300.00

01-02

2. Principal Office Address

4381 11th Ave SW

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number

59-3619273

Applied For

Not Applicable

Zip

34116

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John M. Visqaitis

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

4381 11th Ave SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

07/11/02

CR2081 (9/01)

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
Pres	John M. Visqaitis	4381 11th Ave SW	Naples, FL 34116

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)(i), 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:

John M. Visqaitis John H. Visqaitis

Date

07/11/02 941-304-4620

Daytime Phone #

2 of 2

CASTLE SERVICES of SW FLORIDA, Inc.

4381 11th Ave. SW Naples, FL 34116

Tel 941-304-4620

2 May 2002

TO: Florida Department of State
FROM: John M. Visgaitis, President
RE: Document #P0000005458

Attached please find our application for reinstatement and check # 1798 in the amount of \$300.00.

I am hereby requesting that you waive the \$600 Reinstatement Fee as we never received any notification of the Annual Uniform Business Report nor any subsequent Notice of Delinquency.

Thank you for this consideration. I will make certain that the Annual Report is filed on time from now on.

If you have any questions, please feel free to give me a call.

John M. Visgaitis, Pres.

John M. Visgaitis
President and Registered Agent