PLEASI READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## P00000032353 DOCUMENT #

1. Corporation Name

v -- 6

## FRANK CASTRO CORPORATION

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#, etc. I SW 176 STREET	11261	SW /	76 Speet				Applied For
MIAMI FL 33157 MIAMI		FL 33157		6. S8.75-Additional Fee requ			Not Applicable
3-1-5-7 - Country - U.S	337	57	Country U. S.	CERTIFICATI	OF STATUS DESIRED		ertificate of Status
and Street Addresses of Each Officer and	/or Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)			
s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD CASTRO, FRANCISCO				ee T	MIAMIFL 33018 33157		
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				O Name and	Address of New Pos	intered Agent	<u> </u>
OO EDANICISCO			1135				
190 EAST 16TH STREET			Street Address (P.O. Box Number is Not Acceptable)				
AH:FL:33018			- Suite, Apt. #, Etc			<del></del>	
للمالي والمراجع	<b>-</b>	<del></del>	City				Code
a annointed the registered agent of the ch	ove named com	oration am	familiar with and accept the o	bligations of Sec	ion 607.0505. F.S	1	
g appointed the registered agent of the ad	оче нашев согр	ziauvii, aili	rammar with and accept the c	ongations of Oct			
of Maneixen	Baste	し ノ	1. 2. 3. 4		Date 4	1/12/	1 200 Z
	addresses are incorrect in any way, line the ncipal Office Address, If Applicable  #, etc.  #, etc.  # A 3157	addresses are incorrect in any way, line through incorrect in incipal Office Address, if Applicable  #, etc.  #, etc.  # City & State  # A 33 15 7  City & State  # A 34 15 7  City & State  A 34 15 7  City & State  A 34 15 7  City & State	addresses are incorrect in any way, line through incorrect information a ncipal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. etc.  5. FL 33157  City & State  HIAMI FL  3. New Address  City & State  HIAMI FL  3. Suite, Apt. #, etc.  1/26/5 SW //  City & State  HIAMI FL  3. Name of Officers and/or Director (Florida nonprovand/or Directors)  3. CASTRO, FRANCISCO  490 EAS  1/26  AST 16TH STREET  HIFL 33018  G appointed the registered agent of the above named corporation, am	and Street Address of Each Officer and/or Directors  CASTRO, FRANCISCO  8. Name and Address of Current Registered Agent  90. FRANCISCO  90. FRANCISCO  91. Street Address (City  91. Current Registered Agent  92. Current Registered Agent  93. Current Registered Agent  94. Current Registered Agent  95. Current Registered Agent  96. Current Registered Agent  97. Current Registered Agent  98. Current Registered Agent  99. Carrent Registered Agent  99. Ca	didresses are incorrect in any way, line through incorrect information and enter correction below.  Incipal Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  4. Date Incorp.  5. FEI Number  6. FFL 33157  Country  2. Day 3757  Country  2. Day 3757  Country  Countr	addresses are incorrect in any way, line through incorrect information and enter correction below. Incipal Office Address, II Applicable  3. New Mailing Office Address, II Applicable  3. New Mailing Office Address, II Applicable  4. Date incorporated or Qualified to Dio Business in Florida  5. FEI Number  65-10/3 9 3 6  6. CERTIFICATE OF STATUS DESIRED  And Stroet Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  2 and/or Directors  3 Street Address of Each  Officer and/or Director  4 HALEAH FL 330  FLAST 16TH STREET  FL	# etc.   Surfamily   Surfamily

11. 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:

Signature of Registered Agent

4/12/2002

Daytime Phone #



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 23, 2002

FRANK CASTRO CORPORATION 11261 SW 176 STREET MIAMI, FL 33157

SUBJECT: FRANK CASTRO CORPORATION

Ref. Number: P00000032353

We have received your document for FRANK CASTRO CORPORATION and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$900.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Letter Number: 202A00024175

Justin M Shivers Document Specialist

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