

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 10 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000006 9656

**1. Corporation Name**

CASLANEDA & GUERRERO, INC

**2. Principal Office Address**

226 Waterside dr

Suite, Apt. #, etc.

City & State

Hypoluxo, FL

Zip

33462

Country

USA

**3. Mailing Office Address**

226 Waterside dr.

Suite, Apt. #, etc.

City & State

Hypoluxo FL

Zip

33462

Country

USA

**REINSTATEMENT** 01-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RAMIRO CASTANEDA, SR.

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

226 Waterside dr

Suite, Apt. #, Etc.

City

Hypoluxo

State

FL

Zip Code

33462

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

06/05/03

**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	RAMIRO CASTANEDA, SR.	226 Waterside dr	Hypoluxo, FL 33462
VP	TERESA CASTANEDA	226 Waterside dr	Hypoluxo, FL 33462

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

06/05/03

Daytime Phone #

(561) 9978795

CR2E081 (10/02)