

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

FILED

02 DEC 27 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000008802**

1. Corporation Name

CASTALDI FLORAL GROUP, INC.

Principal Place of Business

12629 NW 13TH CT.
SUNRISE FL 33351

Mailing Address

12629 NW 13TH CT.
SUNRISE FL 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2928 NW 72 Ave.~~

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip
33122

Country
USA

3. New Mailing Office Address, If Applicable

~~7027 W. Broward Blvd.~~

Suite, Apt. #, etc.

City & State
Plantation, FL.

Zip
33317

Country
USA

REINSTATEMENT

02



500009716195
12/27/02--01049--010 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

5. FEI Number

65-1076329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CASTALDI, ANGELO	12629 NW 13TH CT.	SUNRISE FL 33351 33323
D	CASTALDI, ANN	12629 NW 13TH CT.	SUNRISE FL 33351 33323

8. Name and Address of Current Registered Agent

CASTALDI, ANGELO
12629 NW 13TH CT.
SUNRISE FL 33351

33323

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Angelo Castaldi
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-20-02

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:

Angelo Castaldi
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-02 954-818-0700

CR2E040 (8/02)