

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

DOCUMENT # P01000036020

1. Corporation Name

TOP JOB CASTILLO CLEANING, INC.

Principal Place of Business

274 SW REYNOLDS AVENUE  
PORT ST LUCIE FL 34983

Mailing Address

274 SW REYNOLDS AVENUE  
PORT ST LUCIE FL 34983

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

2. New Principal Office Address, If Applicable

Kim Jewellery

Suite, Apt. #, etc.

1736 SE Port St Lucie Blvd

City & State

Port St Lucie FL

Zip 34952

Country

3. New Mailing Office Address, If Applicable

Kim Jewellery

Suite, Apt. #, etc.

1736 SE Port St Lucie Blvd

City & State

Port St Lucie FL

Zip 34952

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2001

5. FEI Number

65-1041354

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CASTILLO, ANTONIO	274 SW REYNOLDS AVENUE	PORT ST LUCIE FL 34983
D	CASTILLO, CARMEN	274 SW REYNOLDS AVENUE	PORT ST LUCIE FL 34983

100008616991  
10/28/02--01052--015 \*\*158.75

8. Name and Address of Current Registered Agent

CASTILLO, ANTONIO  
274 SW REYNOLDS AVENUE  
PORT ST LUCIE FL 34983

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-337-2154

Date

Daytime Phone #

CR2040 (8/02)

292

October 23, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We would like to notify that this is the first year of the corporation Top Job Castillo Cleaning, Inc. For this reason we don't know the procedures about the renovation. We don't received any notification before. The only thing we received is the Notice of Administrative Dissolution or Revocation.

For this reason we asked the reinstatement of the corporation. We include the application that you sent and also the money for the renovation.

If you have any questions please contact Antonio Castillo at 772-337-2154.  
Thanks for all your help in this case.

Respectfully,  
Antonio Castillo