

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 14 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037712

1. Corporation Name

Castle Avalon, Inc

2. Principal Office Address

4941 Lake Daisy Rd

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

3. Mailing Office Address

4941 Lake Daisy Rd

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

04-10-2001

5. FEI Number

6516946572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sharon Ramphir

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

4941 Lake Daisy Rd

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

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 8-7-06

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	Sharon Ramphir	4941 Lake Daisy Rd	Winter Haven, FL 33884

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-7-06

Daytime Phone #

718-387-0277

B. Mitchell AUG 15 2006