

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000072932

1. Corporation Name

CASTLE CONSTRUCTION & ARCHTECTURAL, INC

2. Principal Office Address

ROGER B. RICE, ESQ.

Suite, Apt. #, etc.

5425 PARK CENTRAL CT

City & State

NAPLES, FL

Zip

34109

Country

COLLER

3. Mailing Office Address

3006 PALM BEACH BLVD

Suite, Apt. #, etc.

City & State

FORT MYER, FL

Zip

33916

Country

LEE

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

07/25/2001

5. FEI Number

41-2116470

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Manoocher Jashfar

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

905 Ridge way Dr

Suite, Apt. #, Etc.

City

Nort Fort Myers,

State

FL

Zip Code

33903

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

REGISTERED AGENT MUST SIGN

Date

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/V/D	Manoocher Jashfar	905 Ridge Way Dr	Nort Fort Myers Fl 33903

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

Date

Daytime Phone #