

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/02--01072--004 **150.00



DOCUMENT # P01000085924

1. Corporation Name

CASTELLANO APPLIANCES REPAIR CORP.

Principal Place of Business

8841 NW 145TH TERRACE
MIAMI FL 33018

Mailing Address

8841 NW 145TH TERRACE
MIAMI FL 33018

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	LUGO, LUCIA	8841 NW 145TH TERRACE	MIAMI FL 33018
VD	CASTELLANO, RAMON	8841 NW 145TH TERRACE	MIAMI FL 33018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUGO, LUCIA
8841 NW 145TH TERRACE
MIAMI FL 33018

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Date

REGISTERED AGENT MUST SIGN

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.

LUCIA LUGO

SIGNATURE:

SIGNATURE REQUIRED PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02 305 887-2143
Date Daytime Phone #



CASTELLANO APPLIANCES

REPAIRS 24 HRS.

• Air Conditioned • Refrigerator • Washing Machines
• Dryers • Electric Ranges • Heaters • Electric Equipment
Ramon Castellano Lic. 421549-7 Office: 827-2143
General Manager Bpr: 478-4488

10/30/2002

~~Division of Corporations~~
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Fl 32302-1500

Ref: Document # PO1000085924

To Whom it may concern:

This letter is to inform you the reason that our annual report was never received.

Attached you will find a check for the amount of \$150.00 and the annual report whiche was downloaded.

Thank you for your attention.

Sincerely

Lucia Lugo
President