

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:38

DOCUMENT # P01000117007

1. Corporation Name

CASTLE PAINTING, INC.

900068106769
03/20/06--01021--001 **900.00

REINSTATEMENT
CR2E081 (12/05)

05-06

2. Principal Office Address

10136 AQUA VISTA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

10136 AQUA VISTA WAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33428

Country

USA

City & State

BOCA RATON, FL

Zip

33428

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-01

5. FEI Number

030434888

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

RICHARD E. RETAMAR, ESQ.

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

823 E. HILLSBORO BOULEVARD

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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]

Date

3-7-06

REGISTERED AGENT MUST SIGN

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 3/T	OSCAR CASTILLO	10136 AQUA VISTA WAY	BOCA RATON, FL 33428

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06

Date

561-483-7092

Daytime Phone #

3/14/06