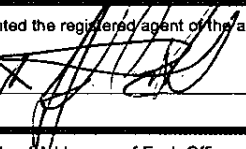
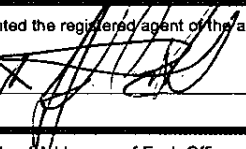
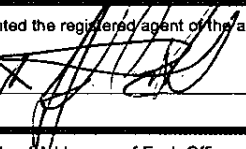
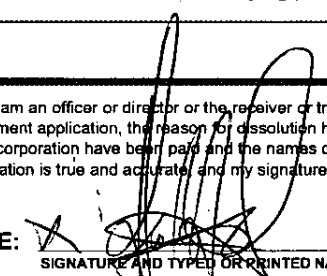
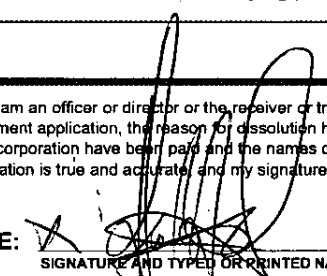
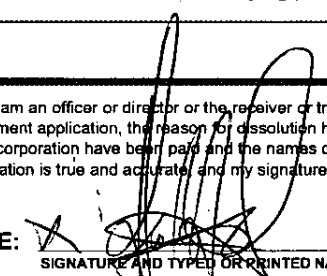


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 04 OCT 18 AM 9:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P02000077317																																	
1. Corporation Name CASTLE STONE ENTERPRISES INC.																																	
2. Principal Office Address 219 HOLLIDAY DR Suite, Apt. #, etc. City & State HALLANDALE BCH, FL Zip Country 33009 U.S.A.		3. Mailing Office Address 692 WEST 29 ST Suite, Apt. #, etc. 9 City & State HIALEAH, FL Zip Country 33012 U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 16-6161554 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table> 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status		Applied For	Not Applicable																										
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Not Applicable																																	
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%;"><tr><td colspan="2">Name FRANCISCO CASTILLO</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 219 HOLLIDAY DR</td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City HALLANDALE BEACH</td><td>State Zip Code FL 33009</td></tr></table>						Name FRANCISCO CASTILLO		Street Address (P.O. Box Number is Not Acceptable) 219 HOLLIDAY DR		Suite, Apt. #, Etc.		City HALLANDALE BEACH	State Zip Code FL 33009																				
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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. <table border="1" style="width: 100%;"><tr><td>Signature of Registered Agent </td><td>Date 10/4/2004</td></tr></table> REGISTERED AGENT MUST SIGN						Signature of Registered Agent 	Date 10/4/2004																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>DPST</td><td>FRANCISCO CASTILLO</td><td>219 HOLLIDAY DR</td><td>HALLANDALE BCH , FL, 33009</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPST	FRANCISCO CASTILLO	219 HOLLIDAY DR	HALLANDALE BCH , FL, 33009																				
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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 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. <table border="1" style="width: 100%;"><tr><td>SIGNATURE: </td><td>Date 10/4/2004</td><td>Daytime Phone # 786 3187147 305 8874185</td></tr></table> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						SIGNATURE: 	Date 10/4/2004	Daytime Phone # 786 3187147 305 8874185																									
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CR2E081 (8/01)