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	**3.** Mailing Office Address
219 HOLLIDAY DR	692 WEST 29 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	9
City & State	City & State
HALLANDALE BCH, FL	HIALEAH, FL
Zip / Country	Zip / Country
33009 / U.S.A.	33012 / U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 16.6161554 ☐ 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: FRANCISCO CASTILLO

Street Address (P.O. Box Number is Not Acceptable): 219 HOLLIDAY DR

300041937823
10/18/04--01057--020 **900.00

Suite, Apt. #, Etc.:

City: HALLANDALE BEACH | State: FL | Zip Code: 33009

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: X _____ Date: 10/4/2004

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DPST	FRANCISCO CASTILLO	219 HOLLIDAY DR	HALLANDALE BCH , FL, 33009
		REINSTATEMENT 03-04	

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: X _____ 10/4/2004 786 318 7147 305 887 4185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #