

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~H 0200022733-7~~

1. Corporation Name

PD2000122881  
ADARL CASTRO, INC.

2. Principal Office Address

13780 SW 26<sup>th</sup> STREET

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33027

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/02

5. FEI Number

55-0806296

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

ADARL CASTRO

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

13780 SW 26<sup>th</sup> STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

*Adarl Castro*

ADARL CASTRO

Date 6/24/04

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
DIR	ADARL CASTRO	13780 SW 26 <sup>th</sup> ST.	MIRAMAR, FL 33027
DIR	JANET CASTRO	13780 SW 26 <sup>th</sup> ST.	MIRAMAR, FL 33027

10. I certify that I am an officer, 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:

*Adarl Castro*

ADARL CASTRO

6/24/04

(305) 8836901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FIELDS  
AND  
COMPANY**

Certified Public Accountants

9360 Sunset Drive  
Suite 287  
Miami, Florida 33173

Telephone  
(305) 271-7697

Fax  
(305) 271-7035

June 22, 2004

Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Reinstatement / Document Number H0200022733-7

Dear Sirs:

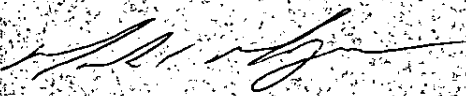
Our client asked us to respond to the CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION sent to ADAEL CASTRO, INC., Document Number H0200022733-7, effective September 19, 2003.

Upon communicating with your office, a recording indicated that the only instance for waiver of the reinstatement fee was for non-receipt of the UNIFORM BUSINESS REPORT, which was indeed the exact circumstance.

The Corporation, ADAEL CASTRO, INC., was incorporated on October 30, 2002 as indicated in box 4 of the enclosed APPLICATION FOR REINSTATEMENT. It appears that the Corporation was not yet in the system in order for the 2003 UNIFORM BUSINESS REPORT and subsequent notices to be generated. Consequently the Corporation did not receive the 2003 UNIFORM BUSINESS REPORT and subsequent notices that a 2003 Annual Report and fee was due. Not until the aforementioned CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION was received did the Corporation know of any applicable 2003 obligation and liability.

Pursuant to the instructions from your office, enclosed please find an executed APPLICATION FOR REINSTATEMENT and \$300.00 for the Annual Report fees (2003 & 2004). Thank you very much for your assistance in this matter.

Sincerely,



Mark E. Mogensen, CPA