

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 17 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P03000078320

1. Corporation Name  
CASTELLO BROTHERS ENTERPRISES,  
INC.

2. Principal Office Address  
2770 NE 15 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ft. Ld., FL

City & State

Zip Country  
33304 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/14/03

5. FEI Number  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 JAMES CASTELLO

Street Address (P.O. Box Number is Not Acceptable)  
2770 NE 15 ST.

Suite, Apt. #, Etc.

City Ft. Ld.

State Zip Code  
FL 33304

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]*  
REGISTERED AGENT MUST SIGN

Date 10/16/06

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	Angelo Castello	2770 NE 15 ST. Ft. Ld., FL	33304
VB	James Castello	2770 NE 15 ST.	Ft. Ld., FL 33304
S	James Castello	2770 NE 15 ST.	Ft. Ld., FL 33304

000081146880  
10/24/06--01022--010 \*\*1058.75

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/06 954 347 5019  
Date Daytime Phone #

CR2E081 (9/01)