

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 NOV 28 PM 1:23

DOCUMENT # 104000086475
1. Corporation Name
CASTLEWOOD FARM, INC.

REINSTATEMENT ⁰⁵⁻⁰⁶

2. Principal Office Address
4596 Windward Cove Lane
Suite, Apt. #, etc.

3. Mailing Office Address
4596 Windward Cove Lane
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State
Wellington, Florida
Zip
33467
Country
USA

City & State
Wellington, Florida
Zip
33467
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 6/02/2004

5. FEI Number
none
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
Kirsty Korotkin
Street Address (P.O. Box Number is Not Acceptable)
4596 Windward Cove Lane
Suite, Apt. #, Etc.
City
Wellington
State
FL
Zip Code
33467

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 Kirsty Korotkin Date 11/21/06
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
Pres	Alan Korotkin	4596 Windward Cove Lane	Wellington FL 33467
D+U.P	Kirsty Korotkin	4596 Windward Cove Lane	Wellington FL 33467
C	Roger Sim	4596 Windward Cove Lane	Wellington FL 33467

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:

Kirsty Korotkin Kirsty Korotkin 11/21/06 561-722-5033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #