

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG 21 AM 11:35

SECRETARY OF STATE
DEPARTMENT OF STATE

DOCUMENT # P04000136596

1. Corporation Name

Castle Construction & Development Co.

2. Principal Office Address - No P.O. Box #

6927 NW 46 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1581 West 49th Street

Suite, Apt. #, etc.

#126

City & State

Miami, FL

City & State

Hialeah, FL

Zip

33166

Country

USA

Zip

33012

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2004

5. FEI Number

043799003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria Gutierrez

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

1581 West 49th Street

Suite, Apt. #, Etc.

126

City

Hialeah

State

FL

Zip Code

33012

2006-13 DC 8/21/13

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08/21/13--01010--019 **1843.75

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

Maria Gutierrez

REGISTERED AGENT MUST SIGN

Date August 20, 2013

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	Alexys Moya	13323 Rose Hollow Way	Astatula, FL 34705
V	Abilio Moya	13323 Rose Hollow Way	Astatula, FL 34705
S/T	Maria Gutierrez	1581 West 49th Street, #126	Hialeah, FL 33012

10. E-mail Address: **castledco@yahoo.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Maria Gutierrez* **MARIA Gutierrez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/20/2013

Date

Daytime Phone #