

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -7 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P050000012591

1. Corporation Name

Castle Construction Services Florida, Inc.
3 South Dakota Street
Pensacola, Florida 32505

2. Principal Office Address

3 South Dakota Street

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32505

Country

U.S.

3. Mailing Office Address

3 South Dakota St.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32505

Country

U.S.

400088709624
02/19/07--01006--036 **800.00

REINSTATEMENT 06-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 25, 2005

5. FEI Number

20-2193292

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

Brittany Hebert

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

3 South Dakota Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

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

Brittany Hebert

REGISTERED AGENT MUST SIGN

Date 1/4/06

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
PSTD	Richard Reese	106 Gleahaven Road	Wayzata, MN. 55391

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD REESE

Date

1-13-07

Daytime Phone #

850-458-0833