



## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000029400</b> 1. Entity Name <b>ALCAST SERVICES, INC.</b>						07 NOV -2 AM 8:31 COUNTY CLERK OF STATE FALLAHAN, FLORIDA			
Principal Place of Business <b>402 EVERWOOD DR KISSIMMEE, FL 34743</b>			Mailing Address <b>402 EVERWOOD DR KISSIMMEE, FL 34743</b>						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10262007 REIN-P CR2E098 (1/07)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>20-2400692</b>					
City & State		City & State		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTELLON, MANUEL R 402 EVERWOOD DR KISSIMMEE, FL 34743				Name Street Address (P.O. Box Number is Not Acceptable) City				<b>REINSTATEMENT 2007</b> FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLON, MANUEL R 402 EVERWOOD DR KISSIMMEE, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700111647727 11/02/07--01048--008 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				10/26/07		407-466-0119			
				Date		Daytime Phone #			