


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000030027		
1. Entity Name CASTLE HARBOR CONSTRUCTION INC		

FILED

07 AUG 17 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14320 HAMPTON LAKE COURT FT MYERS, FL 33908	Mailing Address 14320 HAMPTON LAKE COURT FT MYERS, FL 33908
---	---



2. Principal Place of Business - No P.O. Box # <i>5645 Youngquist Rd</i>	3. Mailing Address <i>5645 Youngquist Rd</i>
Suite, Apt., etc.	Suite, Apt., etc.
City & State <i>Fort Myers FL</i>	City & State <i>Fort Myers FL</i>
Zip <i>33912</i>	Country

REINSTATEMENT	
4. FEI Number <i>04-3591009</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILCE, ELFRANCE 14320 HAMPTON LAKE COURT FT MYERS, FL 33908	
--	--

7. Name and Address of New Registered Agent Name <i>ELFRANCE MILCE</i> Street Address (P.O. Box Number is Not Acceptable) <i>5645 Youngquist Rd</i> City <i>Fort Myers</i> FL Zip Code <i>33912</i>	
---	--

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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>8/15/07</i>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILCE, ELFRANCE 14320 HAMPTON LAKE COURT FT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOREXIL, RENE 3000 ROYAL PALM AVENUE FT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>200108879802</i> <i>08/31/07--01008--013 **300.00</i>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>8/15/07</i> Daytime Phone <i>239-275-7766</i>