2008 FOR PROFIT CORPORATION REINSTATEMENT

L Ringly James CASTEPLANA INC. Principal Ridge of Business Mailing Address 7850 NN 162ND TERR 7850 NN 162	_	REINSTA	The state of the s							
Principal Place of Business 7850 NN 162ND TERR MAMM LAKES, FL 33016 2. Principal Place of Business - No P C Box # 3. Mailing Address Suna, Apt. #, sec. 12022008 REIN-P CR2E098 (1/07) City 6 State Current Registered Agent 2002008 REIN-P CR2E098 (1/07) City 6 State Current Registered Agent 7. Name and Address of New Registered Agen	DOCUMENT # P05000036802					The first form of the second				
7850 MN 162MD TERR MAMI LAKES, FL 33016 2. Pincopi Place of Business - No P C: Box * 3. Mailing Activess Suite, Apt. 4, etc. Suite Apt. 4, etc. 12022008 REIN-P CR2E098 (1/07) 2. Pincopi Place of Business - No P C: Box * 3. Mailing Activess Suite, Apt. 4, etc. 12022008 REIN-P CR2E098 (1/07) 2. Cry 6 State 2. Country 70 Country 5. Centricate of Status Device \$8. Tex Acquired for Previous Acquires of Current Registered Agent. 7. Name and Address of New Registered Agent.						08 DEC -4 PH 2: 49				
7850 MN 162MD TERR MAMI LAKES, FL 33016 2. Pincopi Place of Business - No P C: Box * 3. Mailing Activess Suite, Apt. 4, etc. Suite Apt. 4, etc. 12022008 REIN-P CR2E098 (1/07) 2. Pincopi Place of Business - No P C: Box * 3. Mailing Activess Suite, Apt. 4, etc. 12022008 REIN-P CR2E098 (1/07) 2. Cry 6 State 2. Country 70 Country 5. Centricate of Status Device \$8. Tex Acquired for Previous Acquires of Current Registered Agent. 7. Name and Address of New Registered Agent.	Deieneine I Olen	(D		- WILLIAM FLORIDA						
2. Principal Place of Business - No P.O. Box # 3. Melling Address Suita Apil. #, etc. 12022008 REIN-P CR2E098 (1/07) City 6 State Cry 6 State Cry 6 State A. F.F. Invitroir Q.O. 2541811 Not Applied For 20.2541811 Not Applied For 20.2541811 Not Applied For 20.2541811 Not Applied For 20.2541811 See Applied For 20.2541811 Not Applied For 20.2541811 See Applied For 20	7850 NW 162ND TERR 7850 NW 162ND TERR						in Land	3000		
Sured, Apr. #, etc. Sured, Apr. #, etc.		,		. •		 100(1006 are 1	NOIST BY THE BOTTO BRETT BUEL	I delet alian entek		! !!! !!!!!!!!
City & State	2. Principal P	lace of Business - No P.O. Box #								
20 Country Zip Country 5. Centricate of Satus Desired \$3.75 Actional Fee Reposition Fee	Suite, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		12022008	REIN-P	CR2E09	98 (1/07)	
Signature and Address of Current Registered Agent S. Name and Address of Surrent Registered Agent Name ABESADA, PETERR Signature Surent Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the chilipations of registered agent. SIGNATURE FILE NOMILI FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 The Castell Lon. RADEL ANAE SIREH ADRESS OITY-ST-2P III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. ANAE CASTELLON. RADEL NAME CASTELLON. RADEL NAME Debee III. ANAE SIREH ADRESS OITY-ST-2P III. ANAE SIREH ADRESS OITY-ST-2P III. ANAE SIREH ADRESS OITY-ST-2P III. Debee III. ANAE SIREH ADRESS OITY-ST-2P III. ANAE SIREH	City & State	9	City & State							
ABESADA, PETER R ABESADA, PETER R Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable the chilgations of registered agent. SIGNATURE FILE NOW!!! FEE 13 \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the Corporation off in or receiver the promotions. FILE NOW!!! FEE 13 \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the Corporation off on treceiver the prior notice. FILE NOW!!! FEE 13 \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the Corporation off on treceiver the prior notice. After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the Corporation off on treceiver the prior notice. After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the Corporation off on treceiver the prior notice. CASTELLON, RADEL Debte INIE AMA SHER JONES OUT 51-2P INIE Debte INIE De	Zip	Country	Country Zip Co		try				B.75 Add	itional
ABESADA, PETER R 272 SALZEDO STREET 2ND FLOOR CORAL GABLES, FL 33134 8. The above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipsions of registered agent, or both. In the State of Florida. I am familiar with, and accept the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		6. Name and Address of Current	Registered Agent	ıt			Address of New R			-
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the chligation of the chligation of the chligation of the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver the prior notice. In accordance with s. 607.192(b), F.S., the comparison of the receiver th	ARESADA	PETER R		Name						
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1 III.L. D. MAKE CASTELLON, RADEL SIRES ANDRESS ORY-S1-2P III.L. SIRES ANDRESS	2725 SALZEDO STREET 2ND FLOOR CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)					
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 FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 III.L. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 III.L. D. CASTELLON, RADEL SIRES ADDRESS OFFICERS AND DIRECTORS N 11 III.L. D. CASTELLON, RADEL SIRES ADDRESS OFFICERS AND DIRECTORS N 11 III.L. D. CASTELLON, RADEL SIRES ADDRESS OFFICERS AND DIRECTORS N 11 III.L. NAME SIRES ADDRESS OFFICERS AND DIRECTORS N 11 III.L. NAME SIRES ADDRESS OFFICERS AND DIRECTORS N 11 III.L. NAME SIRES ADDRESS OFFICERS N 11 III.L. NAME SIRES ADDR						FI Zip Code				•
SIGNATURE Signature lighted or correct name of registered agent and titled abbotable (NOTE Registered Agent signature required when reinstalling) DATE	8. The above	named entity submits this statement for	or the purpose of changing its	register	,	red agent, or both	n, in the State of Flo			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OF										•
After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E: Register	ed Agent signsture requi	red when reinstating)		DATE		
After January 1, 2009, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D							I	20	00/01/11	
INTLE INAME CASTELLON, RADEL INTLE INAME CASTELLON, RADEL INTLE IN			00							
NAME Delete ITTLE Delete Delete ITTLE Delete Delete ITTLE Delete Delete ITTLE Delete Delete ITTLE Delete Delete ITTLE Delete Delete Dele	10.	OFFICERS AND	DIRECTORS	11.		ADDITION\$/0	CHANGES TO OFF	ICERS AND D	IRECTORS	S IN 11
STREET ADDRESS CITY-ST-ZP MIAMI LAKES, FL 33016 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADD	TITLE							ĺ	Change	☐ Addition
INILE INAME SIREET ADDRESS CITY-ST-ZIP ITILE Obelste Obelste ITILE Obelste Obelste ITILE Obelste Obelste ITILE Obelste Ob	STREET ADDRESS	5 7850 NW 162ND TERR SIR		STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE		MIAMI LAKES, FL 33016				- 8	00138	436	il cessors	Addition
CITY-ST-ZIP CITY-	NAME					12/04/0801016013 **150.00				
NAME STREET ADDRESS CITY-ST-ZIP Delete	STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRE	TITLE		☐ Delete	TITL	E		· · · · · · · · · · · · · · · · · · ·	[Change	Addition
ITILE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS C										ļ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addit	CITY-ST-ZIP			CITY	-SI-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TO Change Addition AME STREET ADDRESS CITY-ST-ZIP To Change Addition TITLE STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change STREET ADDRESS CITY-ST-ZIP To Change Addition NAME STREET ADDRESS CITY-ST-ZIP To Change STREET ADDRES	TITLE NAME		☐ Delete					I	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP To Change Addition Addition The example of the components of the com	STREET ADDRESS			STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (further certify that the information indicated on this report or supplemental report is true and accurage 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 the 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 the empowered.			□ Doloto	_					☐ Channe	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME.		□ Delete						0.490	
NAME SIREET ADDRESS CITY-ST-ZIP 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 accurage 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 provide 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 provide empowered.	STREET ADDRESS CITY-ST-ZIP									
SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (further certify that the information indicated on this report or supplemental report is true and accurage 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 contain the true of the corporation of the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the receiver or trustee empowered to contain the true of the corporation of the corporation of the receiver or trustee empowered to contain the corporation of the corporation of the corporation of the corporation of the receiver or trustee empowered to contain the corporation of the corp			☐ Defete	TITL	E			[Change	Addition
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. (further certify that the information indicated on this report or supplemental report is true and accurage 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 the corporation of the corporation of the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the corporation of the corporation of the receiver or trustee empowered to the corporation of the					i					
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 professe 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 the true like empowered.	CHY-SI-ZIP			CITY	-ST-ZIP					
	12. I hereby of indicated of the corrections of the	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address_	n this filing does not qualify to s true and accurate and that r owered to accurate this report with all the like empowered	or the exemy signal as required.	emptions contained ture shall have the ired by Chapter 60	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes. I as if made under on that my name	further certily bath; that I am e appears in I	that the in an officer Block 10 or	formation or director Block 11 if
SIGNATURE AND TYPE OF FINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysine Proce #		Sp.								
	JIGNAI	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Day	time Phone #	

12 460