

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000050724</b> 1. Entity Name <b>CASTECK STORAGE CORPORATION</b>						06 OCT 19 2006 3:44	
Principal Place of Business <b>3501 NW 54TH STREET FT. LAUDERDALE, FL 33309</b>				Mailing Address <b>3501 NW 54TH STREET FT. LAUDERDALE, FL 33309</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>GARELLEK, STEVEN 700 S FEDERAL HWY STE 200 BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <b>Stephen Finkelstein</b> Street Address (P.O. Box Number is Not Acceptable) <b>3501 NW 54 Street</b> City <b>FL</b> Zip Code <b>33309</b>			
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  DATE <b>10/10/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b> NAME <b>FINKELSTEIN, STEPHEN</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>2201 NE 31ST ST</b> CITY-ST-ZIP <b>LIGHTHOUSE PT, FL 33064</b>				TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>CAROL ANN Finkelstein</b> STREET ADDRESS <b>3501 NW 54th Street</b> CITY-ST-ZIP <b>Fort Lauderdale, FL 33309</b>			
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete NAME <b>Stephen Finkelstein</b> STREET ADDRESS <b>3501 NW 54th Street</b> CITY-ST-ZIP <b>Fort Lauderdale 33309</b>				TITLE <b>200081026992</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>10/19/06--01037--019</b> STREET ADDRESS <b>**150.00</b> CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET 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 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:				Date <b>Oct 12/06</b> Daytime Phone # <b>954-7728500</b>			