

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 19 PM 1:12

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000068584

1. Corporation Name

CASTIGLIA HOSPITALITY MANAGEMENT, INC

2. Principal Office Address - No P.O. Box #

7945 SW 195th St.

Suite, Apt. #, etc.

3. Mailing Office Address

7945 SW 195th St.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33157

Country

US

Zip

33157

Country

US

7. Name and Address of Current Registered Agent

Name

Charles Castiglia

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

7945 SW 195th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

4. Date Incorporated or Qualified  
To Do Business in Florida

Florida

5. FEI Number

20-2840066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Charles Castiglia*

Date 3-17-08

REGISTERED AGENT MUST SIGN

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
PD	Charles Castiglia	7945 SW 195th St.	Miami, FL 33157

REINSTATEMENT

*B 3/20/08*  
*06-08*

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:

*Charles Castiglia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08

Date

954-213-1368

Daytime Phone #