

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10132006 REIN-P CR2E098 (11/05)

**DOCUMENT # P05000073700**

1. Entity Name  
**CARLOS CASTELLAR COMPANY**



Principal Place of Business <b>8650 BISCAYNE BLVD. UNIT 5 MIAMI, FL 33138</b>	Mailing Address <b>8650 BISCAYNE BLVD. UNIT 5 MIAMI, FL 33138</b>
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2. Principal Place of Business <b>7441 WAYNE AVE # 9P</b>	3. Mailing Address <b>7441 WAYNE AVE. # 9P</b>
Suite, Apt. #, etc. <b># 9P</b>	Suite, Apt. #, etc. <b># 9P</b>

City & State <b>MIAMI BEACH, FLORIDA</b>	City & State <b>MIAMI BEACH, FLORIDA</b>
Zip <b>33141</b>	Zip <b>33141</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent

**CASTELLAR, CARLOS  
7441 WAYNE AVENUE UNIT 9P  
MIAMI BEACH, FL 33141**

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ State **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>CASTELLAR, CARLOS 7441 WAYNE AVENUE UNIT 9P MIAMI BEACH, FL 33141</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>500080923355</b> <b>10/17/06--01041--014 **150.00</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

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: *Carlos Castellar*      Date: 10/13/06      Daytime Phone #: 305-528-7007

10/23  
aw