


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127209 1. Entity Name CASTRO'S BLOCKS COMPANY	
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Principal Place of Business 15160 W. COLONIAL DRIVE ORLANDO, FL 34787	Mailing Address 15160 W. COLONIAL DRIVE ORLANDO, FL 34787
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2. Principal Place of Business 822 Providence Trace Cr Suite, Apt. #, etc. APT # 102	3. Mailing Address 822 Providence Trace Cr Suite, Apt. #, etc. APT # 102
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City & State Brandon Florida	City & State Brandon Florida		
Zip 33511	Country U.S.A	Zip 33511	Country U.S.A



09282006 REIN-P CR2E098 (11/05)

4. FEI Number 20-4496470	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, RUBEN
15160 W. COLONIAL DRIVE
ORLANDO, FL 34787

7. Name and Address of New Registered Agent

Name: Ruben Castro
 Street Address (P.O. Box Number is Not Acceptable):
822 Providence Trace Cr apt 102
 City: Brandon FL Zip Code: 33511

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: Ruben Castro DATE: 10-3-06

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

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	CASTRO, RUBEN
STREET ADDRESS	15160 W. COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 34787
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castro Ruben
STREET ADDRESS	822 Providence Trace Cr apt 102
CITY-ST-ZIP	Brandon FL 33511
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000081399900
STREET ADDRESS	10/31/06--01079--013 **759.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B 10/24/06
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: Ruben Castro DATE: 10-3-06 DAYTIME PHONE #: (813)917-4974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #