


# 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	
--	---

Principal Place of Business 15160 W. COLONIAL DRIVE ORLANDO, FL 34787	Mailing Address 15160 W. COLONIAL DRIVE ORLANDO, FL 34787
---	---

2. Principal Place of Business 822 Providence Tracer Cr Suite, Apt. #, etc. APT # 102 City & State Brandon Florida Zip 33511 Country U.S.A	3. Mailing Address 822 Providence Tracer Cr Suite, Apt. #, etc. APT # 102 City & State Brandon Florida 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 Tracer 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)

<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>	
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, RUBEN 15160 W. COLONIAL DRIVE ORLANDO, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Castro Ruben 822 Providence Tracer Cr apt 102 Brandon FL 33511 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081399900 10/31/06--01079--013 **759.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/24/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Up <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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) 917-0974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR