

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000099864 1. Entity Name ISAAC CASTRO, INC					
Principal Place of Business 7813 NW 165 ST MIAMI LAKES, FL 33018			Mailing Address 7813 NW 165 ST MIAMI LAKES, FL 33018		
2. Principal Place of Business - No P.O. Box # 109 EAST FLAGLER ST #1029 MIAMI FL 33131		3. Mailing Address Same			
Suite, Apt. #, etc. MIAMI FL 33131		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		Country 			
4. FEI Number 20-5304278				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, ISAAC 7813 NW 165 ST MIAMI LAKES, FL 33018			7. Name and Address of New Registered Agent Name ISAAC CASTRO Street Address (P.O. Box Number is Not Acceptable) 109 EAST FLAGLER ST #1029 City Miami FL Zip Code 33131		
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 5-15-09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MANEIRO, MISADAY STREET ADDRESS 7813 NW 165 ST CITY-ST-ZIP MAIMI LAKES, FL 333018	<input checked="" type="checkbox"/> Delete		TITLE PD NAME ISAAC CASTRO STREET ADDRESS 109 EAST FLAGLER ST #1029 CITY-ST-ZIP Miami FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME CASTRO, ISAAC STREET ADDRESS 7813 NW 165 ST CITY-ST-ZIP MIAMI LAKES, FL 33018	<input checked="" type="checkbox"/> Delete		700156109867 05/18/09--01011--010 ***300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
REINSTATEMENT 08-09					
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 5-15-09 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

M. Williams MAY 18 2009