
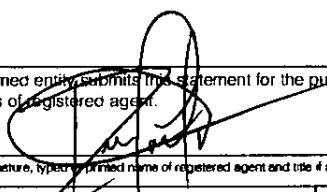
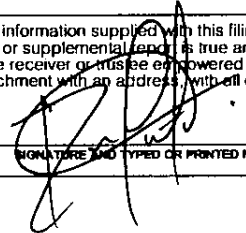


2009 FOR PROFIT CORPORATION REINSTATEMENT

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
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5-15-09 <small>(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 <input checked="" type="checkbox"/> Delete NAME MANEIRO, MISADAY STREET ADDRESS 7813 NW 165 ST CITY-ST-ZIP MAIMI LAKES, FL 333018	TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ISAAC CASTRO STREET ADDRESS 109 EAST FLAGLER ST #1029 CITY-ST-ZIP Miami FL 33131	700156109867 05/18/09--01011--010 ***300.00	
TITLE VP <input checked="" type="checkbox"/> Delete NAME CASTRO, ISAAC STREET ADDRESS 7813 NW 165 ST CITY-ST-ZIP MIAMI LAKES, FL 33018	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-15-09 <small>Daytime Phone #</small>	

FILED
09 MAY 18 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08-09

M. Williams MAY 18 2009