2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000115732

324 SW 28TH AVENUE

DELRAY BEACH, FL 33445

Address:

City-St-Zip:

Entity Name: CASTANO INSURANCE AGENCY, INC

FILED Oct 24, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	TLANTIC AVE BEACH, FL 33				
Current Mailing Address:			New Mailing Address:		
	TLANTIC AVE BEACH, FL 33				
FEI Number	: 26-1432237	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
324 SW 28), EDWARD F 8TH AVENUE BEACH, FL 33				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: EDWAR	D F CASTANO			
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES (CASTANO, ED 324 SW 28TH DELRAY BEAG	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BOTTEY, MICI 3999 NW 25TI BOCA RATON	H WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SECY (BOTTEY, MICI 3999 NW 25TH BOCA RATON	H WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA (CASTANO, ED) Delete WARD F	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EDWARD F CASTANO PRES 10/24/2008