

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 92000005789

1. Corporation Name

CASTILLA AMERICUS, INC.

Principal Place of Business

**11 Lethington Road
Palm Beach Gardens, FL 33418**

Mailing Address

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

6481 Spartina Circle

Suite, Apt. #, etc

City & State

Jupiter, FL

Zip

33458

Country

3 New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc

City & State

Zip

Country

REINSTATEMENT

4 Date Incorporated or Qualified
To Do Business in Florida

11.18.92

5 F.E.I. Number

65-0374648

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	SPARKS, Charles T.	6481 Spartina Circle, Jupiter 33458	
DV	SPARKS, Carolyn C.	"	"
VS	SPARKS, Ryan J.	"	"
T	SPARKS, Danielle S.	6341 Robinson Street, Palm Beach Gardens, Florida 33418	

**500002814205--2
-03/22/99--01143--001
***900.00 ***900.00**

8. Name and Address of Current Registered Agent

Ronald Witkowski

9. Name and Address of New Registered Agent

Name

Charles T. Sparks

Street Address (P.O. Box Number is Not Acceptable)

6481 Spartina Circle

Suite, Apt. #, Etc

City

Jupiter

State
FL

Zip Code

33458

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charles T. Sparks

REGISTERED AGENT MUST SIGN

Date **3/5/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i) F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles T. Sparks

CHARLES T. SPARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

561-776-4997

Daytime Phone #

CR2001 (12/98)