PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017504

1. Corporation Name

Castro Enterprises, Inc.

REINSTATEMENT 00-02

2. Principal Office Address	3. Mailing Office Address
36 NE 1 Street	36 NE 1 street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #310	Suite #360
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33132 / U.S.A	33132 / U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/1993

5. FEI Number: [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Paul R. Marcus

Street Address (P.O. Box Number is Not Acceptable): 9990 S.W. 77 Ave.

Suite, Apt. #, Etc.: Penthouse #1

City: Miami

State: FL Zip Code: 33132

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____
REGISTERED AGENT MUST SIGN

Date: 10/23/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Alfredo Castro	36 NE 1 Street #30	Miami, FL 33132

10/29

10. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 (305) 358 8175
Date / Daytime Phone #