FILED

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE
00 OCT 27 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

CASTLES By the Sea. INC
201 S Ocean Blvd
manalapan fl 33462

P00000018152

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State

REINSTATEMENT

3. Date Incorporated or Qualified To Do Business In Florida

4. FEI Number 65-0384380

FEI Number Applied For
FEI Number Not Applicable

5. $6.25 Additional Fee Required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	Rhoten David L II	201 S Ocean Blvd	manalapan fl 33463
T	Rhoten David L III	201 S Ocean Blvd	manalapan fl 33462

800003463518--7
-11/15/00--01008--019
****750.00 ****750.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Rhoten David L
201 S. Ocean Blvd
manalapan fl 33462

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State FL Zip

CR2E044 (8/92)

9. 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 _____ Date 10-26-00
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 10-26-00 Daytime Phone # _____ KE

Typed or printed name of signing officer or director _____