

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 AM 11:52

DOCUMENT # P93000018152

1. Corporation Name

CASTLES BY THE SEA, INC.

Principal Place of Business

204 S. OCEAN BLVD.
MANALAPAN FL 33462
US

Mailing Address

204 S. OCEAN BLVD.
MANALAPAN FL 33462
US



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
16950 Jog Road
City & State
Delray Beach, FL
Zip
33446
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
16950 Jog Road
City & State
Delray Beach, FL
Zip
33446
Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1993

5. FEI Number

65-0389380

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RHOTEN, DAVID L.	204 S. OCEAN BLVD.	MANALAPAN FL 33462
T	RHOTEN, DAVID L.	204 S. OCEAN BLVD.	MANALAPAN FL 33462
P	James F. Miller	16950 Jog Road	Delray Beach, FL 33446
			200004726252--0 -12/14/01--01007--027 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

RHOTEN, DAVID L.
204 S OCEAN BLVD
MANALAPAN FL 33462

9. Name and Address of New Registered Agent

Name
James F. Miller
Street Address (P.O. Box Number is Not Acceptable)
16950 Jog Road
Suite, Apt. #, Etc.
City
Delray Beach
State
FL
Zip Code
33446

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

SIGNATURE REQUIRED

Date 10-25-01

REGISTERED AGENT MUST SIGN

11. 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

10-25-01

Date

561-638-9588

Daytime Phone #

CR2E040 (8/01)