

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028451

1. Corporation Name

CASTLE SERVICES CORPORATION

Principal Place of Business

4800 N. FEDERAL HWY.
SUITE 300-B
BOCA RATON FL 33431

Mailing Address

4800 N. FEDERAL HWY.
SUITE 300-B
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

46-350 Golden Rod
Suite, Apt. #, etc.
Palm Desert Ca
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
46-350 Golden Rod
City & State
Palm Desert Ca.

Zip

92260

Country

USA

Zip

92260

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1993

5. FEI Number

65-0412151

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WANLESS, JAMES E ESQ.	4800 N. FEDERAL HWY., SUITE 300-	BOCA RATON FL 33431
D	WANLESS, JOAN M	4800 N. FEDERAL HWY., SUITE 300-	BOCA RATON FL 33431
			200002346872--9 -11/13/97--01091--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WANLESS, JAMES E ESQ.
4800 N. FEDERAL HWY.
SUITE 300-B
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

William E. Wanless

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

3816 40th Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33714

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

Bill Wanless

REGISTERED AGENT MUST SIGN

Date

11/5/97

11. This corporation owes or has paid 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:

James E. Wanless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97
Date

760-564-1088
Daytime Phone #