

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000039314

1. Corporation Name CASTLE ROOM, INC.
223 CLEMATIS STREET
WEST PALM BEACH, FL 33401

2. Principal Office Address
223 CLEMATIS STREET
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL
Zip 33401 Country

City & State
Zip Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida 05/17/1995
5. FEI Number 650580931 Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name LAURA ANTHONY, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 120 S. OLIVE AVE # 208
Suite, Apt. #, Etc. WEST PALM BEACH, FL
City WEST PALM BEACH, FL
State FL Zip Code 33401

600008447246
-10/18/02--01045-001
***750.00 ***750.00

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 L Anthony Date 10-10-02
REGISTERED AGENT MUST SIGN

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
<u>P/H/S</u>	<u>MICHAEL MOLLE</u>	<u>223 CLEMATIS ST.</u>	<u>WEST PALM BEACH, FL 33401</u>

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] Date 10/11/02 Daytime Phone # 561 628 1838
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/ 10/22/02

CRZE081 (9/01)