

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000078725

1. Corporation Name

CASTILLO FAMILY, INC.

Principal Place of Business

11300 N.W. 87TH COURT
HIALEAH GARDENS FL 33016

Mailing Address

11300 N.W. 87TH COURT
HIALEAH GARDENS FL 33016

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

2. New Principal Office Address, If Applicable

16480 NW 84 AVE

Suite, Apt. #, etc.

MIAMI

City & State

FL

Zip

33016

Country

MIAMI-Dade

3. New Mailing Office Address, If Applicable

16480 NW 84 AVE

Suite, Apt. #, etc.

MIAMI

City & State

FL

Zip

33016

Country

MIAMI-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1995

5. FEI Number

65-0612319

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DTS	CASTILLO, MILVIA	11300 N.W. 87TH COURT 16480 NW 84 AVE	HIALEAH GARDENS FL 33016 MIAMI FL 33016
DP	CASTILLO, JOSE	11300 N.W. 87TH COURT 16480 NW 84 AVE	HIALEAH GARDENS FL 33016 MIAMI FL 33016

S000003434445--2
-10/23/00--01008--023
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CASTILLO, JOSE
11300 N.W. 87TH COURT
HIALEAH GARDENS FL 33016

9. Name and Address of New Registered Agent

Name

Castillo Jose

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

16480 NW 84 AVE

Suite, Apt. #, Etc.

MIAMI

City

FL

State

FL

Zip Code

33016

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 of Jose Castillo
REGISTERED AGENT MUST SIGN

Date

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 of Jose Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

KE