

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUL -7 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000078725

1. Corporation Name

CASTILLO FAMILY INC

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #

6815 WEST 4TH AVE

3. Mailing Office Address

6815 WEST 4TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIWALEH FLORIDA

City & State

HIWALEH FLORIDA

Zip

33014

Country

MIAMI Dade

Zip

33014

Country

MIAMI Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

10-13-1995

5. FEI Number

650612319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE CASTILLO

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

16480 NW 84 AVENUE

Suite, Apt. #, Etc.

City

MIAMI LAKE

State

FL

Zip Code

33016

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*J. Castillo*

REGISTERED AGENT MUST SIGN

Date 6-30-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| D-P    | JOSE CASTILLO                        | 16480 NW 84 AVE                                   | MIAMI LAKE FL 33016 |
| D-TS   | MILVIA CASTILLO                      | 16480 NW 84 AVE                                   | MIAMI LAKE FL 33016 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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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 contained in Chapter 119, 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

6/30/08

Date

Daytime Phone #

207/9