

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 14 AM 8:00

DOCUMENT # P96000002946

1. Corporation Name

CASTLEROCK EQUITY, INC.

Principal Place of Business

13790 N.W. 4TH STREET, SUITE 103
SUNRISE FL 33325

Mailing Address

13790 N.W. 4TH STREET, SUITE 103
SUNRISE FL 33325

REINSTATEMENT 03



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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1996

5. FEI Number

65-0636466

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	KANNAL, ERIC T	13790 NW 4TH ST STE 103	SUNRISE FL
VP	KANNAL, KIMBERLY A	13790 NW 4TH ST #103	SUNRISE FL

8. Name and Address of Current Registered Agent

KANNAL, ERIC T
13790 N.W. 4TH STREET, SUITE 103
SUNRISE FL 33325

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-9-03

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

Date

Daytime Phone #

10-9-03

CR2E040 (7/03)

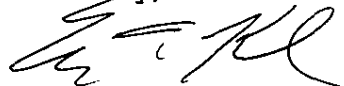
October 09, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT
PO BOX 6327
TALLAHASSEE, FL 32314-6327

Dear Division of Corporations:

- I received the Notice of Administrative Dissolution of Revocation today. I did not receive any prior notices regarding filing the required UBR reports. In fact, the Notice of Administration that I received today was actually dropped off at our office by another tenant in the corporate park where our offices are located. It appears that the postal service put this report in the wrong mailbox. I have checked the mailing address on the UBR and it is correct. Please waive the reinstatement fee since we did not receive the prior UBR notices. Thank you.

Sincerely,



Eric T. Kannal, PRESIDENT
CASTLE ROCK EQUITY, INC