

To: FL Dept. of State
Subject: 000638.74325


From: Katie Wonsch

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA6000027097			
1. Corporation Name Castle Bay Farm, Inc.			
2. Principal Office Address - No P.O. Box # 11311 Pondview Drive		3. Mailing Office Address 11311 Pondview Drive	
Suite, Apt. #, etc. C104		Suite, Apt. #, etc. C104	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33414	Country USA	Zip 33414	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 03/27/96			
5. FEI Number 65-0631337		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name National Corporate Research, Ltd., Inc.			
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
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 <i>Rose L. Redman</i>		Date 9-7-07	
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
Pres.	John K. Castle	1095 N. Ocean Blvd.	Palm Beach, FL 33480
Secty.	Carmella Khoury	150 East 58th St.	New York, NY 10155
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: <i>John K. Castle</i>		Date 8-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

07 SEP 10 AM 8:00

CLARASSEE, FLORIDA

CR2E081 (1/07)

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000638.74325

CORPORATION REINSTATEMENT

CASTLE BAY FARM, INC.

Certificate of Status	0
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