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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR -1 PM 2:41

DOCUMENT # P96000027697

1. Corporation Name
CASTLE BAY FARM, INC.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11311 POINDVIEW DRIVE	150 EAST 58TH ST.
Suite, Apt. #, etc. C104	Suite, Apt. #, etc. 38TH FLOOR
City & State WEST PALM BEACH, FL	City & State NEW YORK, NY
Zip 33414 Country USA	Zip 10155 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/27/96

5. FEI Number: 65-0631337 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required (Fee Applies to Certificate of Status Only)

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: Rae Marie Cole Asst. Sec. Date: 3-1-2011
REGISTERED AGENT MUST SIGN

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

Title	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, 38TH FL.	NEW YORK, NY 10155
			S. HAWKES
	REINSTATEMENT		MAR 01 2011
	2008-11		EXAMINER

10. E-mail Address: GKHOURY@CASTLEHARLAN.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JOHN K. CASTLE 3/1/11 212-317-6930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
CASTLE BAY FARM, INC.

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