

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053459

1. Corporation Name

CASTRO'S DEVELOPMENT, INC.

300006073303--4

-06/27/02--01076--003

***1208.75 ***1208.75

Handwritten initials

2. Principal Office Address

713 N.E. 3rd St.

3. Mailing Office Address

713 N.E. 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL 33009

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

6/24/96

5. FEI Number

650583337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

HECTOR MIRANDA

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

713 N.E. 3rd St

Suite, Apt. #, Etc.

City

Hallandale

State
FL

Zip Code

33009

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

Handwritten signature of Hector V. Miranda

HECTOR V. MIRANDA

REGISTERED AGENT MUST SIGN

Date 5-30-02

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
DPT	ALEJANDRO CASTRO	792 Amsterdam Ave	New York, N.Y. 10025
S	HECTOR V. MIRANDA	713 NE 3rd St.	Hallandale, FL 33009
		1050.00 - Adm	
		61.25 - AR	
		88.75 - ARSLPP	
		8.75 - Cert	

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 under section 119.07(3)(f), 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.

HECTOR V. MIRANDA

SIGNATURE:

Handwritten signature of Hector V. Miranda

Secretary

5-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #