

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085965

1. Corporation Name
CASTANEDA, INC.

Principal Place of Business
STE. 101, 600 CORPORATE DR.
FT. LAUDERDALE FL 33334

Mailing Address
STE. 101, 600 CORPORATE DR.
FT. LAUDERDALE FL 33334



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2754 W. ATLANTIC BLD. #027
POMPANO BEACH FL 33064 USA

3. New Mailing Office Address, If Applicable
2754 W. ATLANTIC BLD. #027
POMPANO BEACH, FL 33064 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/17/1996

5. FEI Number 65-0705809

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CASTANEDA, JUAN J	CRA 6A #5-81 LERIDA	TOLIMA, COLOMBIA
D	APONTE, JOSE A	4720 NE 2ND AVE.	POMPANO BEACH FL 33064

7000002358067- - 0
-11/26/97--01083--016
****165.00 ****165.00

8. Name and Address of Current Registered Agent

FLINCO, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name JOSE A. APONTE
Street Address (P.O. Box Number is Not Acceptable) 4720 NE 2ND AVE
Suite, Apt. #, Etc.
City POMPANO BEACH State FL Zip Code 33064

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.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ N/A NO ASSETS (See other side for information on Intangible tax.)

12. 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 #

CR2040 (8/97)

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CASTANEDA , INC.
2754 W. ATLANTIC BLVD., SUITE #207
POMPANO BEACH, FLORIDA 33064

NOBEMBER 12, 1997

REF: DOCUMENT # P96000085965

ANNUAL REPORTS FILING
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FLORIDA 32314

ATTACHED IS THE COMPLETED "APPLICATION FOR REINSTATEMENT" AND A CHECK FOR \$165.00, CORPORATION REGISTRATION FEE.

THE ANNUAL FILING, DUE MAY 1ST, WAS NOT MADE DUE TO NOT RECEIVING THE PRE -PRINTED PACKED. UPON CONSULTATION WITH AN ACCOUNTANT WE REALIZED THAT WE HAD THIS OBLIGATION.

WE IMMEDIATELY CONTACTED THE DIVISION OF CORPORATION (SPRATHER) ON 09/05/97 AND REQUESTED A FORM FOR COMPLETION. APPARANTLY THE ORIGINAL FORMS WERE MAILED TO AN OLD ADDRESS. SUBSEQUENT TO CONTACTING YOUR DEPARTMENT WE RECEIVED THE ORIGINAL FORMS, INDICATING THAT IT WAS MAILED TO THE OLD ADDRESS.

THE FORM IS NOW COMPLETE, AND THE REQUIRED CHANGES MADE.

WE RESPECTFULLY REQUEST THAT CASTANEDA, INC. BE REINSTATED, AND THAT WE BE NOTIFY ACCORDINGLY.

YOURS TRULY,


JUAN J. CASTANEDA
PRESIDENT