

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

03 OCT 22 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094210

1. Corporation Name

DANIEL J. CASTILLO, D.M.D., P.A.

Principal Place of Business

Mailing Address

6910 LAKE WORTH RD.
LAKE WORTH FL 33467

6910 LAKE WORTH RD.
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/03/1997

5. FEI Number

65-0792901

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
D	CASTILLO, DANIEL J	6910 LAKE WORTH RD.	LAKE WORTH FL 33467

800024024208
10/22/03--01067--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTILLO, DANIEL J
6910 LAKE WORTH RD.
LAKE WORTH FL 33467

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 10-8-03

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)(l), 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

Daniel J Castillo 10-8-03 561-963-3730

Date

Daytime Phone #

CR2E040 (7/03)

Daniel J. Castillo D.M.D.,P.A.
6910 Lake Worth Road
Lake Worth, Florida, 33461
561-963-3730

October 16, 2003

Division of Corporations,

Per our telephone conversation today we are enclosing a \$150.00 check to reinstate our corporation.

Thank you for taking in to account that we never received a statement for this and allowing us just to pay the yearly fee. We will be sure to have our future payments arrive to you before May of each month.

Again thank you for your consideration in this matter.

Sincerely,



Daniel J. Castillo D.M.D., P.A.