

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 7:25

DOCUMENT # P98000002817

1. Corporation Name

CASTLES IN THE SKY MARKETING, INC.

Principal Place of Business

895 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address

895 EAST PALMETTO PARK ROAD
BOCA RATON FL 33482

12 NE 5TH AVE STE A
DELRAY BEACH FL 33483

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

33483

U.S.A.

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1998

5. FEI Number

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	RHOTEN, DAVID L II	895 EAST PALMETTO PARK ROAD	BOCA RATON FL 33432
P		12 NE 5th Ave, Ste A	DELRAY BEACH FL 33483

800003036038--4
-11/05/99--01042--001
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANKLIN, ELLIOTT
5315 LAKE WORTH RD.
LAKE WORTH FL 33463

Name

DAVID L RHOTEN II

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

12 NE 5th Ave, STE. A

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483-5427

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 10-22-99

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)(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

10-22-99 (561) 274-9987
Date Daytime Phone #

AD