

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **P98000056170**

1. Corporation Name

Castells, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable

1717 N. BAYSHORE DR.

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

Zip

33132

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
7	YVES UZAN	1717 N. BAYSHORE DR. SUITE 102 MIAMI FLA 33132	
			200003434192-3 -10/23/00--01001--012 ****750.00 ****750.00
			200003434192-3 -10/23/00--01001--012 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

JENNIS R. BEDARD
1717 N. BAYSHORE DR.
SUITE 102
MIAMI FLA 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State / Zip Code

FL

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

10/10/0011. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. I further 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., and that all 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. 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:

Date

10/10/00

See the reverse

TOTAL P.01

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