

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19 PM 3:04

DOCUMENT # P99000099842

1. Corporation Name

CASTELLANO'S SERVICES, INC.

2. Principal Office Address

477 NW 132 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

477 NW 132 PLACE

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33182-1629

Country

US

Zip

33182-1629

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-2001

5. FEI Number

65-0971626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

B
06-01

7. Name and Address of Current Registered Agent

Name

MANUEL CASTELLANOS

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

477 NW 132 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182-1629

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

REGISTERED AGENT MUST SIGN

Date 11-15-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MANUEL CASTELLANOS	477 NW 132 PLACE	MIAMI, FL 33182-1629

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)(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:

Manuel Castellanos

MANUEL CASTELLANOS (PRESIDENT)

11-15-2001

305-553-8756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #