

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 11 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000069560

**1. Corporation Name**

KATALYX, INC.

**REINSTATEMENT**

**2. Principal Office Address**

1221 Brickell Avenue

Suite, Apt. #, etc.

6th Floor

**City & State**

Miami, FL

**Zip**

33131

**Country**

U.S.A.

**3. Mailing Office Address**

1221 Brickell Avenue

Suite, Apt. #, etc.

21st Floor, c/o Patricia  
Menendez-Cambo

**City & State**

Miami, FL

**Zip**

33131

**Country**

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/20/2000

**5. FEI Number**

52-2226382

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

CORPORATION SERVICE COMPANY

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

1201 Hays Street

**Suite, Apt. #, Etc.**

**City**

Tallahassee

**State**

FL

**Zip Code**

32301-2525

**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**

*Cynthia L. Harris*

**Cynthia L. Harris  
as its agent**

**Date**

12/11/03

REGISTERED AGENT MUST SIGN

**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/D	Eliseo Sanchez Trasobares	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
CFO/ D	Javier Fedriani	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
T/D	Vicente Sanchez Cabezon	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
S/D	Cristina Pareja Pallares	1221 Brickell Ave., 6th Fl.	Miami, FL 33131
			800025433308

**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:**

*E. Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELISEO SANCHEZ TRASOBARES

**Date**

12/8/03

**Daytime Phone #**

34913375402

CR2E081 (10/02)

CSC

CORPORATION SERVICE COMPANY™

292

ACCOUNT NO. : 072100000032

REFERENCE : 356122 4303929

AUTHORIZATION : Patricia Higgins

COST LIMIT : \$ 750.00

ORDER DATE : December 11, 2003

ORDER TIME : 2:24 PM

ORDER NO. : 356122-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Antje Becker  
Greenberg Traurig, P.a.  
18th Floor  
1221 Brickell Avenue  
Miami, FL 33131-3238

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: KATALYX, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS \_\_\_\_\_