## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT-# P92000106347 CATALYST HOLDINGS, INC. 07 NOV 16 PM 1:17 SECRETATION STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 737 W COLONIAL DR 737 W COLONIAL DR ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc 11122007 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 06-1682782 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, J A Street Address (P.O. Box Number is Not Acceptable) 737 W. COLONIAL DR ORLANDO, FL 32804 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIN FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300,00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THILE Delete ☐ Change Addition NAME SANCHEZ, J NAME 737 W COLONIAL DR STREET ADDRESS STREET ACCRESS CITY - ST - ZIP ORLANDO, FL 32804 CITY-ST-ZIP TITLE ☐ Delete 2001123839**96** 0 11/16/07--01045--005 \*\*150.00 TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ACREINSTATEMEN STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 11-07 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like empowered. 3 Cl. SANCHEZ 12N0107 407-425-5646 SIGNATURE:

SIGNING OFFICER OR DIRECTOR