

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000072193

1. Entity Name
CATHERINE MENDALA'S, INC.



FILED
06 FEB -3 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1575 PINE RIDGE ROAD
UNIT #1
NAPLES, FL 34109 US

Mailing Address
1575 PINE RIDGE ROAD
UNIT #1
NAPLES, FL 34109 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMENDALA, JOSEPH
1624 CAYMAN COURT
NAPLES, FL 34109

Name Robert C Samouco

Street Address (P.O. Box Number is Not Acceptable)
Samouco, Murrell & Gal, P.A.

15405 Park Central Court

City Naples

FL

Zip Code 34109

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. I am 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 reinstalling)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME P
NAME KRING, TAD
STREET ADDRESS 6091 SHALLOWS WAY
CITY-ST-ZIP NAPLES, FL 34109 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME S
NAME AMENDALA, JOSEPH
STREET ADDRESS 1624 CAYMAN COURT
CITY-ST-ZIP NAPLES, FL 34109 ☐ Delete

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12. I hereby certify that the information supplied with this filing 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 trustee 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Amendala

2/1/06

Daytime Phone #

REINSTATEMENT 05-06

T. Roberts FEB 06 2006 ☐ Change ☐ Addition

T. Roberts FEB 06 2006 ☐ Change ☐ Addition

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