


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 14 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007809

1. Corporation Name
CATA TOWIC
INVESTMENTS
CORPORATION

2. Principal Office Address
255 ALHAMBRA
Suite, Apt. #, etc. #300
City & State CORAL GABLES FL
Zip 33134 Country USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 1/27/99

5. FEI Number 650922848
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ALFREDO MURCIANO 800052181878

Street Address (P.O. Box Number is Not Acceptable) 3 TAHITI BEACH ROAD 04/27/05--01004--011 **10:00.00

Suite, Apt. #, Etc.

City CORAL GABLES State FL Zip Code 33143

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 Alfredo Murciano Date April 10, 2005
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
DP	ALFREDO MURCIANO	3 TAHITI BEACH	CORAL GABLES, FL 33143
DP	LOURDES ALATRISTE	3 TAHITI BEACH	CORAL GABLES, FL 33143
DP	EMILIA MURCIANO	2834 DESOTO BLVD	CORAL GABLES, FL 33134

JBY/22

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: Alfredo Murciano Date April 10, 2005
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305 665-5747

CR2E081 (01/05)