

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 MAR 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100121257451
03/25/08--01055--025 **1200.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99 00000 7809

1. Corporation Name
CATAIONIC INVESTMENTS
Corporation

2. Principal Office Address - No P.O. Box #
330 CASUARINA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
CONCOURSE

City & State
CORAL GABLES FL

Zip Country
33143 USA

4. Date Incorporated or Qualified To Do Business in Florida
JAN 27, 1999

5. FEI Number
650922848

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
ALFREDO MURCIANO
Street Address (P.O. Box Number is Not Acceptable)
330 CASUARINA CONCOURSE
Suite, Apt. #, Etc.
City
CORAL GABLES
State
FL
Zip Code
33143

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 REGISTERED AGENT MUST SIGN Date March 19, 2008

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 | ALFREDO MURCIANO | 330 CASUARINA CONC | CORAL GABLES, FL 33143 |
| T | LOURDES ALATRIFE | 330 CASUARINA CONC | CORAL GABLES, FL 33143 |
| S | EMILIA MURCIANO | 2834 DESOTO BLVD | CORAL GABLES FL 33134 |
| | | | |
| | | | |

REINSTATEMENT
06-08

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 contained in Chapter 119, 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 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date March 19, 2008 305 665-5747 Daytime Phone #