

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F 28416

Kathy's, Inc.

2. Principal Office Address

315 PAR AVE

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip 32901

~~32901~~

Country

USA.

3. Mailing Office Address

90 Resch

Suite, Apt. #, etc.

521 LAKE AVE #1

City & State

LAKE WORTH, FL

Zip

33460

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

4-3-81

5. FEI Number

59-2137417

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Betty C. Resch, Esq.

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

521 LAKE AVE.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

700009413217

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/5/02.

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
Pres./M.P.	Spatenga, Kathleen H.	315 PAR AVE	Melbourne, FL 32901
Treas/Secy	Roberts, Sammie E.	315 PAR AVE	Melbourne, FL 32901

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:

Kathleen H. Spatenga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/2002

Date

561-389-8663

Daytime Phone #

12/11

Law Office of Betty C. Resch

521 Lake Avenue, Suite 1

Lake Worth, Fl 33460

(561) 533-8118, fax (561) 533-5007

Bettyresch@AOL.COM

December 5, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: letter of non-receipt of Reinstatement Application.

Dear Sirs,

I am the president of Kathy's, Inc. This corporation has been in existence since 1981. Earlier this year I sold the business which had been at our mailing address of 29 South Dixie Highway, Lake Worth, Fl 33460. The Reinstatement application was sent to 28 South Dixie Highway, across the street. I did not receive the notice.

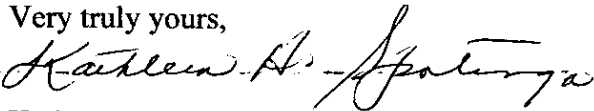
When I saw that the application was overdue and that I would be liable for the \$750.00 fee, I realized that something was terribly wrong.

Please accept this letter of explanation along with my application for reinstatement and a check for \$150.00.

If you have any questions, please feel free to call Betty Resch, Esq. at the number above.

Thank you in advance for your consideration of this matter.

Very truly yours,



Kathy H. Spatenga,
President of Kathy's, Inc.

KATHLEEN H. SPATENGA