

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H69642

1. Corporation Name

CATFISH PAD, INC.

2. Principal Office Address

1108 S. MAGNOLIA DRIVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

3. Mailing Office Address

1108 S. MAGNOLIA DRIVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

REINSTATEMENT 03

11/10/03--01080--013 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/85

5. FEI Number

59-2581498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEBRA J. RICHARDS

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

1108 S. MAGNOLIA DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Debra Richards

Date 10-31-03

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 Officers and/or Director	City/State/Zip
P/D	DEBRA J. RICHARDS	1108 S. MAGNOLIA DRIVE	TALLAHASSEE, FL 32301

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:

Debra Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-03

850-877-5543

Daytime Phone #