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# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 JUN -6 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # J35799

1. Entity Name
KATZ SPECIALTIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 901 LEELAND HGTS BLVD<br>LEHIGH ACRES, FL 33936 US | 901 LEELAND HGTS BLVD<br>LEHIGH ACRES, FL 33936 US |

05062005 REIN-P CR2E088 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2736840 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ~~KATZ, TIM P~~<br>1221 CORTEZ AVENUE<br>LEHIGH ACRES, FL 33936 | Name: Joseph E. Katz<br>Street Address (P.O. Box Number is Not Acceptable): 901 W. Leeland Hghts. Blvd.<br>City: Lehigh Acres FL Zip Code: 33936 |

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] 6-2-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $900.00**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KATZ, RACHEL W.<br>302 N GREENWOOD AVE<br>LEHIGH ACRES, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Rachel W. Katz<br>302 N. Greenwood Ave.<br>Lehigh Acres, FL. 33936 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KATZ, JOSEPH E.<br>302 N GREENWOOD AVE<br>LEHIGH, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Joseph E. Katz<br>302 N. Greenwood Ave.<br>Lehigh Acres, FL. 33936 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>KATZ, TIM P<br>1221 CORTEZ AVENUE<br>LEHIGH ACRES, FL 33936 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100056031611<br>06/10/05--01060--002 **300.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Rachel W. Katz [signature] 6-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P02732

*Katz Plumbing*
*901 W. Leeland Heights Blvd.*
*Lehigh Acres, Fl. 33936*
*Phone: (239) 369-3415 or 368-3415*
*Fax: (239) 369-3514*
*katzplumbing@earthlink.net*

May 06, 2005

State of Florida
Department of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Sir,

Enclosed please find my check in the amount of $300.00 for the 2004 and 2005 annual renewal fee.

I did not receive an annual report for the 2004-2005 year. I am in poor health, and an absentee owner. Would it be possible to please, waive the ~~$6~~00.00 re-instatement fee?

If you should have any questions, please call (239) 369-3415 or (239) 369-3414.

Sincerely,
Katz Specialties, Inc.
Rachel W. Katz, President
Rachel W. Katz
(President)