

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J35799**

1. Corporation Name

KATZ SPECIALTIES INC.

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

901 LEELAND HGTS BLVD

3. Mailing Office Address

901 LEELAND HGTS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip

33936

Country

USA

Zip

33936

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1986

5. FEI Number

59-2736840

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

Joseph E. KATZ

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

901 W. Leeland Heights Blvd

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-2-2009**

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
PDS	Rachel W. KATZ	302 N. Greenwood Ave	Lehigh Acres, FL 33936
VDT	Joseph E. KATZ	302 N. Greenwood Ave	Lehigh Acres, FL 33936

10. E-mail Address: **KATZ PLUMBING @ Yahoo. com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-2009

Date

239-368-3415

Daytime Phone #