

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K32271

1. Corporation Name

CATA PA CORPORATION
C/O AGUSTIN DE GOUTISOL, ESQ.
1223 SW FOURTH STREET, STE 207
MIAMI FL 33135-2407

2. Principal Office Address

SAME AS ABOVE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

98-0053642

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AGUSTIN DE GOUTISOL ESQ.

000003349688

1

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

1223 SW FOURTH ST, STE 207

-08/08/00--01073--001

****908.75 ****388.75

Suite, Apt. #, Etc.

MIAMI FL 33135-2407

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

July 12, 2000

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/T	IRIS MARIA de ALIAGA de IGLESIAS	1223 SW FOURTH ST, STE 207	MIAMI, FL 33135-2407
VP/S	JOSE AGUSTIN de ALIAGA	" "	" " "
VP	JUAN GERONIMO de ALIAGA	" "	" " "
D/AS	AGUSTIN de GOUTISOL	" "	" " "

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary
Sole Director

Date

Daytime Phone #

July 12, 2000 305.541.8855