

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

23835
FILED

1. DOCUMENT # L02000023835

Name and Mailing Address

03 DEC 10 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014230 01 AT 0.292 **AUTO T2 0 0615 33981-642299



CATBIRD, LLC
13435 MCCALL ROAD
SUITE #C12
PORT CHARLOTTE FL 33981-6422



CR2E(84 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/13/2002	
Principal Place of Business 13435 MCCALL ROAD SUITE #C12 PORT CHARLOTTE FL 33981	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 27-0029708	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent BROS, CATHERINE 13435 MCCALL ROAD SUITE #C12 PORT CHARLOTTE FL 33981	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Catherine Bros **NATURAL REQUIRED** Date 11/07/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Catherine Bros	13435 McCall Road #C12	Port Charlotte, FL 33981
			000024876840 11/20/03--01025--036 **150.00

REINSTATEMENT 2003
12/10/03
not

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Catherine Bros Date 12/10/03 Daytime Phone # 941-697-6262

Typed or printed name of signing Managing Member/Manager