


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 MAR 14 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000009324

1. Limited Liability Company's Name

CHINA CAT LLC

04

NY

CR2E041 (8/05)

2. Principal Office Address 2665 S. Bayshore Dr.		3. Mailing Office Address 2665 S. Bayshore Dr.	
Suite, Apt. #, etc. Suite 703		Suite, Apt. #, etc. Suite 703	
City & State Miami, FL		City & State Miami, FL	
Zip 33133	Country USA	Zip 33133	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 3/13/03	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
Name World Corporate Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive	
Suite, Apt. #, Etc. Suite 703	
City Miami	State FL
Zip Code 33133	

9. 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

Timothy D. Richards

REGISTERED AGENT MUST SIGN

Date 3/6/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Timothy D. Richards	2665 S. Bayshore Dr. #703	Miami, FL 33133
MGR	Harry E. Salzberg	2665 S. Bayshore Dr. #703	Miami, FL 33133

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03/30/06--01058--012 ** 50.00

REINSTATEMENT 2004-2006

11. 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 608.408, 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

Timothy D. Richards

Date 3/6/06

Daytime Phone # (305) 858-9900

Typed or printed name of signing Managing Member/Manager Timothy D. Richards

L03000009324

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


TIMOTHY D. RICHARDS
MANAGER

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TALLAHASSEE, FLORIDA

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