

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT



DOCUMENT # L77392

1. Corporation Name

ST. CATHERINE T.L.C., INC.

Principal Place of Business

% CATHERINE BLACKWOOD
2611 NW 115 TER
CORAL SPRINGS FL 33065

Mailing Address

% CATHERINE BLACKWOOD
2611 NW 115 TER
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

S A A B

Suite, Apt. #, etc.

S A A B

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1990

5. FEI Number

65-0204129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	BLACKWOOD, CATHERINE	2611 NW 115 TER	CORAL SPRINGS FL
V	BLACKWOOD, STUART	2611 NW 115 TERR	CORAL SPGS FL
			200002346912--3
			-11/13/97--01092--015
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACKWOOD, CATHERINE
2611 NW 115 TER
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-3-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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.

Catherine Blackwood

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2611 NW 115 FENWAY (2)
CORAL SPRS.

FL 33065

954 435-7443

Dear Sir/Madam,

This letter is to confirm that
I did not received the necessary Com required
for re-licensing of company. \$165.00. Dollars Enclosed
with thanks

Yours Sincerely
CB (acknowledged) Calloway.