

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L77392

1. Corporation Name

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

Principal Place of Business

Mailing Address

% CATHERINE BLACKWOOD  
2611 NW 115 TER  
CORAL SPRINGS FL 33065

% 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.

Suite, Apt. #, etc.

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	4 City / State / Zip
DPS	BLACKWOOD, CATHERINE	2611 NW 115 TER	CORAL SPRINGS FL
V	BLACKWOOD, STUART	2611 NW 115 TERR	CORAL SPGS FL

900003496539--3  
-12/12/00--01027--010  
\*\*\*\*900.00 \*\*\*\*900.00  
LS

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

*Catherine Blackwood*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-30-99

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 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:

*Catherine Blackwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CATHERINE BLACKWOOD

10-31-00  
Date Daytime Phone #

FILED

00 NOV-6 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

09-2500

CR2E040 (\$99)