

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

L99-6807

1. Limited Liability Company's Name

CAT'S AWEIGH, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

417 Porpoise Point Drive

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32095

Country

USA

3. Mailing Office Address

417 Porpoise Point Drive

Suite, Apt. #, etc.

City & State

St. Augustine, Florida .

Zip

32095

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

**6. FEI Number
59-3602623**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Susan S. Bloodworth

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

170 Malaga Street

Suite, Apt. #, Etc.

Suite A

City

St. Augustine

State

FL

Zip Code

32084

900003459329-4

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******150.00 ****150.00**

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

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Robert A. McCormack	417 Porpoise Ponte Drive	St. Augustine, FL 32095
MGRM	Richard S. Forte	8A Pleasant Street	South Natick, MA 01760

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 608.406, 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

Date

Oct 23 2000

Daytime Phone #

(904) 808-8488

Typed or printed name of signing Managing Member/Manager

Robert A. McCormack