

LLC

L99000007961

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007961

1. Corporation Name

Catsfield, LLC

9/29/00

2. Principal Office Address

4516 Osprey Landing

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip

32578

Country

USA

3. Mailing Office Address

4516 Osprey Landing

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip

32578

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

☒

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Urban

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

4516 Osprey Landing

Suite, Apt. #, Etc.

600009384016

12/06/02--01013--001 **250.00

City

Niceville

State

FL

Zip Code

32578

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Michael Urban

Date

11-27-02

REGISTERED AGENT MUST SIGN

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

Titles

Name of Officers and/or Directors

Street Address of Each Officer and/or Director

City / State / Zip

P

Michael Urban

4516 Osprey Landing

Niceville, FL 32578

LLC

REINSTATEMENT

2000 - 2002

PK

REINSTATEMENT

10. 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:

Michael Urban
Michael Urban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-897-4186

Date

Daytime Phone #

CR2E081 (9/01)