

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 21 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400006061254--2
-06/27/02--01010--025
****297.50 ****297.50

DOCUMENT # **N000000004734**

1. Corporation Name

THE CAT SOCIETY INC.

REINSTATEMENT 01-02

2. Principal Office Address

770 CLAUGHTON ISLAND

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

PH-15

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33131

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651027644

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

Rocio Salcedo

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

770 CLAUGHTON ISLAND

Suite, Apt. #, Etc.

PH-15

City

MIAMI

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5-9-2002**

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
D	Rocio C. Salcedo	770 CLAUGHTON ISLAND	MIAMI FL 33131
D	ADRIANA PITTA	1108 S.W 2ND AVE	MIAMI FL 33131
D	CHALE FORD	417 PALM AVE	COCAI CABLES 33146

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:

[Signature] Rocio Salcedo

5-9-2002

Date

Daytime Phone #

CR2E081 (9/01)