

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -5 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



01032005 REIN-NP CR2E099 (6/04)

DOCUMENT # N02000005230 1. Entity Name CAT CALL, INCORPORATED																													
Principal Place of Business 4114 MAYWOOD DR. BRANDON, FL 33511			Mailing Address 4114 MAYWOOD DR. BRANDON, FL 33511																										
2. Principal Place of Business P.O. Box 6356 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6356 Suite, Apt. #, etc.		4. FEI Number 76-0718802 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
City & State Brandon, FL Zip 33508 Country USA		City & State Brandon FL Zip 33508 Country USA																											
6. Name and Address of Current Registered Agent COLLAUD, MICHAEL 4114 MAYWOOD DR. BRANDON, FL 33511																													
7. Name and Address of New Registered Agent Name Grace King Street Address (P.O. Box Number is Not Acceptable) 2902 Stearns Road City VALRICO FL Zip Code 33594				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Grace King Treasurer</u> <u>1-3-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																									
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLLAUD, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4114 MAYWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON, FL 33511</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KING, GRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2126 MARTIN ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DOVER, FL 33527</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	COLLAUD, MICHAEL		STREET ADDRESS	4114 MAYWOOD DR.		CITY-ST-ZIP	BRANDON, FL 33511		TITLE	TD	<input type="checkbox"/> Delete	NAME	KING, GRACE		STREET ADDRESS	2126 MARTIN ROAD		CITY-ST-ZIP	DOVER, FL 33527	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>Grace King, TREASURER</u> <u>1-3-05</u> <u>8136539503</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													