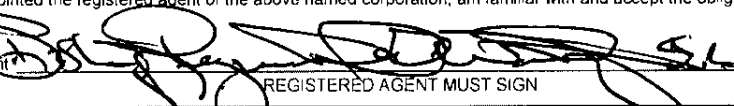
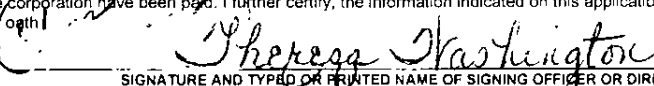


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		10 SEP 23 AM 8:53	
DOCUMENT # <b>1703000008349</b>					
1. Corporation Name <b>C.A.T.C.H. Inc.</b>					
2. Principal Office Address - No P.O. Box # <b>9 South Jackson St.</b>		3. Mailing Office Address <b>PO Box 1856, Quincy, FL 32353</b>			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State <b>Quincy, FL</b>		City & State			
Zip <b>32351</b>		Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number <b>N/A</b>					
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name <b>Washington, Reginald D. Sr.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>83 Frances Kelly Lane</b>					
Suite, Apt. #, Etc.					
City <b>Quincy</b>		State <b>FL</b>		Zip Code <b>32351</b>	
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 				Date <b>9-19-10</b>	
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	
CEO	Washington, Reginald	83 Frances Kelly Lane		Quincy, FL 32353	
ED	Washington, Theresa	83 Frances Kelly Lane		" "	
D	Burns - Pete, Hammett	10 S. Monroe St.		" FL 32351	
TS 9/23/10					
10. E-mail Address: <b>Bishop Washington @ T.O.S. NET</b> (to be used for future annual report notification)					
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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Theresa Washington</b>		Date <b>9/19/10</b> Daytime Phone # <b>850-933-6436</b>	