

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N 32769**

1. Corporation Name

ORCAT Inc.

2. Principal Office Address

24 Dockside Lane #8

Suite, Apt. #, etc.

City & State

Key Largo FL

Zip

33037

Country

USA

3. Mailing Office Address

Po Box 1578

Suite, Apt. #, etc.

City & State

Key Largo FL

Zip

33037

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-12-89

5. FEI Number

65-0125916

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

Richard L. Overfield

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

116 Plantation shores Dr

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

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

Richard L. Overfield

REGISTERED AGENT MUST SIGN

Date

1/20/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alan Litman D	13 Lake LN	Key Largo FL 33037
VP	Paul Winkeljohn D	24 Dockside LN # 505	Key Largo FL 33037
TIS	Bill Voss D	24 Dockside LN # 8	Key Largo FL 33037
VP	Lee Lee Applin D	10 Exuma Rd	Key Largo FL 33037

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:

x William E Voss Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. VOSS TREASURER

Date

Daytime Phone #

1/20/01

3054513464

CR2E081 (9/00)