

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001872
1 Corporation Name
CATALYST PROGRAMS, INC.

Principal Place of Business Mailing Address
~~161 GOLDEN GATE POINT #1~~
~~SARASOTA, FL 34236~~

REINSTATEMENT 9596

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable <u>28163 US Hwy 19 N.</u> Suite, Apt #, etc <u># 306</u> City & State <u>CLEARWATER, FL</u> Zip <u>34621</u> Country <u>USA</u>	3 New Mailing Address, If Applicable <u>P.O. Box 46969</u> Suite, Apt #, etc City & State <u>ST. PETE BEACH, FL</u> Zip <u>33741</u> Country <u>USA</u>
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4 Date Incorporated or Qualified To Do Business in Florida <u>8-25-95</u>	5 FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$9.75 Additional Fee required for a Certificate of Status</small>	

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

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES/D	William C. LOSCH	<u>28163 US Hwy 19 N.</u> <u>SUITE 306</u> <u>CLEARWATER, FL 34621</u>	<u>34621</u> <u>CLEARWATER, FL</u>
V/D	ALISON A. DASILVA	<u>11921 SUNSET LANE</u>	<u>33706</u> <u>TREASURE ISLAND, FL</u>
V/D	WILLIAM G. LOSCH III	<u>2ND AVE N. #1001</u>	<u>33707</u> <u>ST. PETERSBURG, FL</u>
			<u>000002045210--8</u> <u>-01/03/97--01/25--026</u> <u>***306.25 ***306.25</u>
			<u>DB12-30-96</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William C. LOSCH
28163 US HWY 19 N. #306
CLEARWATER, FL 34621

Name
William C. LOSCH
Street Address (P O Box Number is Not Acceptable)
28163 US Hwy 19 N.
Suite, Apt #, Etc
STE. 306
City
CLEARWATER State
FL Zip Code
34621

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505, F S

Signature of Registered Agent

William C. Losch
REGISTERED AGENT MUST SIGN

Date 12-26-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

William C. Losch

12-26-96 (813)
Date Daytime Phone # 725-8888

CR2E046 (12/95)