

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000005580

1. Corporation Name

INTERNATIONAL CAT EXHIBITORS INC.

Principal Place of Business

P.O. BOX 772424
CORAL SPRINGS FL 33077-2424

Mailing Address

P.O. BOX 772424
CORAL SPRINGS FL 33077-2424

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1996

5. FEI Number

65-0721992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Annual Fee required
for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	O'NEAL, LYNDIA R.	7420 LINCOLN STREET	HOLLYWOOD FL
VD	GARRAPUTA, JANET	4550 N.W. 85TH AVE.	LAUDERHILL FL
SD	FREEDMAN, ANITA	7109 WOODMONT WAY	TAMARAC FL
D	FREEDMAN, JEAN	7109 WOODMONT WAY	TAMARAC FL
D	GARRAPUTA, AL	4550 N.W. 85TH AVE.	LAUDERHILL FL

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'NEAL, LYNDIA R.
7420 LINCOLN STREET
HOLLYWOOD FL 33024-7110

Name

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

Suite, Apt. #, Etc.

City

TAMARAC, FL

State

FL

Zip Code

33321

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

[Signature]

Date

12-7-99

REGISTERED AGENT MUST SIGN

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-99

Date

Daytime Phone #