
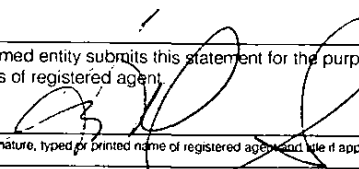
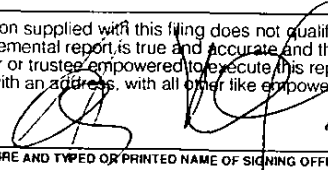


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000097628 1. Entity Name KATALEX, INC.						06 JUL -3 PM 7:13 REINSTATED	
Principal Place of Business 14607 S.W. 52ND STREET MIAMI, FL 33175				Mailing Address 13970 S.W. 47 ST MIAMI, FL 33175			
2. Principal Place of Business 13970 S.W. 47 ST				3. Mailing Address Suite, Apt. #, etc.			
City & State Miami FL				4. FEI Number 65-1115497			
Zip 33175				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAN JUAN, ARACELYS M 14607 S.W. 52ND STREET MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 				DATE 4-26-06			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAN JUAN, ARACELYS M 14607 S.W. 52ND STREET MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY-ST-ZIP	14862 S.W. 22 TERR Miami, FL 33185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAN JUAN, LEONARDO R 14607 S.W. 52ND STREET MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY-ST-ZIP	14862 S.W. 22 TERR Miami, FL 33185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.				900077386039 07/12/06--01017--018 **300.00			
SIGNATURE: 				Date 4-26-06 Daytime Phone #			