

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000014092

1. Corporation Name

CATTS CARPENTRY, INC.

Principal Place of Business

1907 4TH STREET WEST
PALMETTO FL 34221

Mailing Address

1907 4TH STREET WEST
PALMETTO FL 34221

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

02/07/2001

5. FEI Number

65-1074 632

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional 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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

Walter H. Catts

1907 4th St. W.

PALMETTO, FL. 34221

V

Christine W. Catts

1907 4th St. W.

PALMETTO, FL. 34221

S

Frances H. Brush

6881 Longboat Dr. S.

Longboat Key, FL 34228

000008729940

10/31/02--01067--028 **758.75

8. Name and Address of Current Registered Agent

CATTS, WALTER H
1907 4TH STREET WEST
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Walter H. Catts

REGISTERED AGENT MUST SIGN

Date 10-25-02

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:

Christine W. Catts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE W. CATTS

Date

Daytime Phone #

(941) 722-1012 (home)
(941) 741-3183 x255 (work)
10/25/02 (941) 518-1456 (cell)

CR2E040 (8/02)