

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 12 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051338

1. Corporation Name

KAT-PHARM, INC.

Principal Place of Business

10214 NW 50TH STREET
SUNRISE FL 33351

Mailing Address

10214 NW 50TH STREET
SUNRISE FL 33351



600012570096
03/20/03--01001--029 **300.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1113217

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEONHARDT, JOANNE	10214 NW 50TH STREET	SUNRISE FL 33351

600012570096
02/14/03--01061--002 **150.00

8. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQ
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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

Joanne Leonhardt

REGISTERED AGENT MUST SIGN

Date

02/11/03

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:

Joanne Leonhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

KAT-PHARM, INC.
10214 NW 50TH ST.
SUNRISE, FL 33351

DEPARTMANT OF STATE
DIVISIONS OF CORPORATONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

PER OUR TELEPHONE CONVERSATION A CHECK WAS RECEIVED FOR THE CORPORATION. THE REASON GIVEN FOR DISSOLUTION WAS LACK OF THE FEI NUMBER INCLUDED IN THE FORM. I RECEIVED NO NOTIFACTION OF THE PROBLEM.

~~ENCLOSED IS A CHECK FOR 150.00. THE STANDARD FILING FEE ALSO~~
I HAVE INCLUDED MY FEI NUMBER.

I FEEL I SHOULD NOT BE RESPOSIBLE FOR THE REISTATEMNT FEE AS I WAS NOT NOTIFED THERE WAS A PROBLEM AND THE FEE WAS PAID LAST YEAR.

THANK YOU.


JO ANN LEONHARDT.