2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057735

1. Entity Name
CATHY SINK, P.A.

10052007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
13650 FIDDLESTICKS BLVD SUITE 200 FT MYERS, FL 33912 US	13650 FIDDLESTICKS BLVD SUITE 200 FT MYERS, FL 33912 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13650 Fiddlesticks Blvd		13650 Fiddlesticks Blvd	
Suite, Apt. #, etc.: Suite 203		Suite, Apt. #, etc.: Suite 203	
City & State: Ft Myers FL		City & State: Ft Myers FL	
Zip: 33912	Country: USA	Zip: 33912	Country: USA

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4. FEI Number: 65-1115743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINK, CATHY 13650 FIDDLESTICKS BLVD SUITE 200 FT MYERS, FL 33912	Name: Sink, Cathy Street Address (P.O. Box Number is Not Acceptable): 13650 Fiddlesticks Blvd Suite 203 City: Ft Myers FL Zip Code: 33912

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: Cathy Sink
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $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	D SINK, CATHY 12551 WALDEN RUN DR FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sink, Cathy 10208 Avalon Lake Cir Ft Myers, FL 33913	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300110709163 10/12/07--01010--021 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Cathy Sink 10-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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