

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 12 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100008967371  
11/13/02--01057--022 \*\*758.75

DOCUMENT # P01000058216

1. Corporation Name

KATIA ENTERPRISES, INC.

Principal Place of Business

~~1700 TRADE CENTER WAY, STE. 4~~  
~~NAPLES FL 34113~~

Mailing Address

~~1700 TRADE CENTER WAY, STE. 4~~  
~~NAPLES, FL 34113~~

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

2. New Principal Office Address, If Applicable

551 S. COLLIER BLVD  
Suite, Apt. #, etc.

City & State  
MARCO ISLAND, FL

Zip Country  
34145 USA

3. New Mailing Office Address, If Applicable

P.O. Box 1998  
Suite, Apt. #, etc.

City & State  
MARCO ISLAND, FL

Zip Country  
34146 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/2001

5. FEI Number

65-1141078

Applied For

Not Applicable

6.

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	DE GAMBOA, MIGUEL LOPEZ	<del>5000 GILCREST ST.</del> 690 PELICAN CT. MAIL PO BOX 2086	<del>NAPLES FL 34110</del> MARCO ISLAND, FL 34145 " " " 34146

8. Name and Address of Current Registered Agent

NEBEL, LYNN D  
C/O BAY DESIGN GROUP, INC.  
~~1700 TRADE CENTER WAY, STE. 4~~  
~~NAPLES FL 34113~~

9. Name and Address of New Registered Agent

Name

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

551 S. COLLIER BLVD PO BOX 1998  
Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34146

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

*Lynn D. Nebel*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/7/02

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:

*[Signature]*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-17-02

Daytime Phone #

CR2E040 (8/02)