

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 DEC 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085220

1. Corporation Name

THE CATALANO ORGANIZATION, INC.

Principal Place of Business

3525 SW VOYAGER ST.
PORT ST. LUCIE FL 34953

Mailing Address

3525 SW VOYAGER ST.
PORT ST. LUCIE FL 34953

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

65-1139917

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CATALANO, MARIA T	3525 SW VOYAGER ST.	PORT ST. LUCIE FL 34953

800009500408
12/13/02--01020--011 **150.00

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

JOHN CATALANO

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

3525 SW VOYAGER ST.

Suite, Apt. #, Etc.

City

PORT, ST. LUCIE

State

FL

Zip Code

34953

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

John Catalano
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-13-02

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:

John Catalano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

Date

Daytime Phone #

CR20040 (802)

**THE CATALANO ORGANIZATION, INC.
3525 SW VOYAGER STREET
PORT ST. LUCIE FL 34953**

December 9, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Gentlemen,

Enclosed please find an application for reinstatement for my corporation. Please notice that the old registered agent (**FINANCIAL FOUNDATIONS, INC.**) never notified me of my obligation to file an annual renewal form. This was the first time I have been required to file.

I enclose a check in the amount of \$ 150.00 and ask that you please waive the late fee given that it should have been the responsibility of my registered agent to notify me of the deadline.

Thanking you in advance,

Maria Catalano – President
The Catalano Organization, Inc.