

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

182

06 JUN 15 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000017151

1. Corporation Name

KATY'S OF MIAMI INC.
7232 N.W. 70 ST.
MIAMI, FL. 33166

2. Principal Office Address

7232 N.W. 70 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33166

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/14/02

5. FEI Number

01-0601469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUANA C. MACO

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

7232 N.W. 70 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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06/27/06--01037--016 **300 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

(X) Juana C. Maco

REGISTERED AGENT MUST SIGN

Date 06/16/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	JUANA C. MACO	7232 N.W. 70 ST.	MIAMI, FL. 33166

10. 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 contained in Chapter 119, 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

(X) Juana C. Maco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANA C. MACO,
PRES.

Date

06/16/06

Daytime Phone #

305-
644-9032

292

JUNE 13, 2006

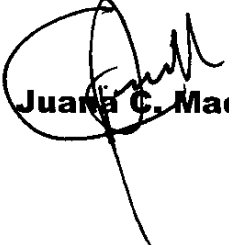
To Whom It May Concern:

We are enclosing our annual return to reinstate the corporation.

In 2005 we did not receive the notice to renew the corporation as we had moved in late 2004 due to zoning problems with the then location.

As such, we ask that the penalty be waived and we are enclosing payment for years 2005 and 2006. Our new address is reflected on the new form.

Thanks.


Juana C. Maco