

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000019767

Entity Name: CATI BROTHERS, INC.

FILED  
Oct 24, 2004  
Secretary of State

## Current Principal Place of Business:

1045 E. GAY ST.  
BARTOW, FL 33830

## New Principal Place of Business:

1060 E GAY ST  
BARTOW, FL 33830

## Current Mailing Address:

1045 E. GAY ST.  
BARTOW, FL 33830

## New Mailing Address:

PO BOX 71  
WINTER HAVEN, FL 33882

FEI Number: 59-3634232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CATI, VICTORINO  
1045 E. GAY ST.  
BARTOW, FL 33830 US

## Name and Address of New Registered Agent:

CATI, VICTORINO  
1060 E GAY ST  
BARTOW, FL 33830 US

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.

SIGNATURE: VICTORINO CATI

10/24/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CATI, PEDRO  
Address: 108 E. MAIN ST.  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: CATI, VICTORINO  
Address: 1045 E. GAY ST.  
City-St-Zip: BARTOW, FL 33830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CATI, PEDRO  
Address: 1085 E MAIN ST  
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change ( ) Addition  
Name: CATI, VICTORINO  
Address: 1060 E GAY ST  
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORINO CATI

PRES

10/24/2004

Electronic Signature of Signing Officer or Director

Date