

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099617

1. Corporation Name

KATRINA ENTERPRISES, INC.

Principal Place of Business

11914 83RD AVENUE N.
SEMINOLE FL 33772

Mailing Address

11914 83RD AVENUE N.
SEMINOLE FL 33772

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

09/13/2002

5. FEI Number

52-2380230

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	MARTIN, KATHRINE	11914 83RD AVENUE N.	SEMINOLE FL 33772

000025940670
01/02/04--01056--006 **150.00

8. Name and Address of Current Registered Agent

MARTIN, KATHRINE
11914 83RD AVENUE N.
SEMINOLE FL 33772

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kathrine Martin
REGISTERED AGENT MUST SIGN

Date 12-30-03

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:

Kathrine Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-03 (727) 319-0894

CR2E040 (7/03)

KATRINA ENTERPRISES, INC.
11914 83rd Ave N
Seminole, FL 33772

December 30, 2003


Division of Corporations
Annual Report/Reinstatement Section
PO box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I have enclosed the Application for Reinstatement of the Corporation Status of my business. This letter will serve to advise that to the best of my knowledge I did not receive any notification or request for an annual report and was not advised at the time of my application for Corporate Status that such a report would be required each year. If I had been aware, I would have been looking for the information.

I have enclosed the required Report Fee of \$61.25 and the Corporate Supplemental Fee of \$88.75 for a total of \$150.00 as specified on the instructions. If additional information is required please advise.

Sincerely,



Kathrine Martin
President
Katrina Enterprises, Inc.