

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 PM 1:41

DOCUMENT # P02556

1. Corporation Name

CATMERO, N.V., INC.

2. Principal Office Address

1859 Bear Creek Cove

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

USA

3. Mailing Office Address

1859 Bear Creek Cove

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

USA

REINSTATEMENT 96-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1984

5. FEI Number

592241022

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

Burton R. Chasnov

Street Address (P.O. Box Number is Not Acceptable)
1859 Bear Creek Cove

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

Burton R. Chasnov

Date 12/16/2004

REGISTERED AGENT MUST SIGN

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
P	Werner Mattmann	Brunnwiesenstrasse 38 8049	Zurich, Switzerland
VSD	Burton R. Chasnov	1859 Bear Creek Cove	Longwood, FL 32779

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 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:

Burton R. Chasnov

Burton R. Chasnov 12/16/04 407-426-8624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)