

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 11 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000017007

1. Corporation Name

KATALYST CORP.

2. Principal Office Address

3401 N. Country Club Drive

Suite, Apt. #, etc.

602

City & State

AVENTURA

Zip

33180

Country

USA

3. Mailing Office Address

3401 N. Country Club Dr.

Suite, Apt. #, etc.

602

City & State

AVENTURA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

36-4530584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status.

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

VILLAMONTE, MARIA E

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

3401 N. Country Club Drive

Suite, Apt. #, Etc.

602

City

AVENTURA

State

FL

Zip Code

33180

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

[Handwritten Signature]

Date

10/5/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVP	MARIA E VILLAMONTE	3401 N. Country Club Drive	602 AVENTURA FL 33180

100041768131
10/11/04--01013--011 **150.00

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)(b), 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:

[Handwritten Signature]

10/5/04

Date

Daytime Phone #

CR2531 (0/04)

NATP MEMBER

MFR & Associates

AICPA MEMBER

ACCOUNTANTS & CONSULTANTS

210 71ST STREET SUITE 313
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7708
FACSIMILE: (305) 864-7980

October 6, 2004

FL Dept. of State
Fl. Div. Of Corp.

RE: KATALYST CORP.
Doc # P03000017007

Dear Sir or Madam:

I am writing to you on behalf of KATALYST CORP. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2004, we obtained from the internet and a check for \$150.00.

The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez
Accountant