

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 17 PM 1:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000050393

1. Corporation Name

Cathstan Holdings, Inc

2. Principal Office Address

9990 NE 41st. Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City

City & State

Zip
33024

Country
Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

IB 35-2214016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

Alfred R. Wilson

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

6151 Miramar Parkway,

Suite, Apt. #, Etc.

Suite 106

City

Miramar

State
FL

Zip Code
33023

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

Alfred R. Wilson

REGISTERED AGENT MUST SIGN

Date 9/28/06

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
D	Catherine Blackwood	2611 NW 115th. Ter	Coral Springs, FL33065
D	Stanley Walker	2611 NW 115th. Ter	Coral Springs, FL33065

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:

Catherine Blackwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 26 06 72429
1479

Cathstan Holdings, Inc
9990 NE 41st. Street
Cooper City, FL 33024

September 28, 2006

Fla. Dept State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Please accept re-instatement form for P0300050393 for the years 2005 & 2006
\$300.00.

We did not receive the notification card so we are requesting a rescinding of the
Penalty of \$600.00.

Thanking you,
Yours truly,


Catherine Blackwood