


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000069933</b>		
1. Entity Name <b>JOSELIN &amp; CATALINA, CORPORATION</b>		

Principal Place of Business <b>3549 HUNTINGTON PLACE SARASOTA, FL 34237</b>	Mailing Address <b>3549 HUNTINGTON PLACE SARASOTA, FL 34237</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED: 05 OCT 31 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172005 REIN-P CR2E098 (6/04)

4. FEI Number <b>56-2377842</b>	Applied For: <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>URIBE, CATALINA 3549 HUNTINGTON PLACE SARASOTA, FL 34237</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **10-17-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URIBE, CATALINA			NAME			
STREET ADDRESS	3549 HUNTINGTON PLACE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34237			CITY-ST-ZIP			
TITLE	V. PRESWOOD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESWOOD, JOSELIN			NAME			
STREET ADDRESS	3549 HUNTINGTON PLACE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34237			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_