

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000094324

1. Entity Name
CATO'S AUTO CENTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -5 PM 2:48

Principal Place of Business
295 S WICKHAM RD
WEST MELBOURNE, FL 32904

Mailing Address
2105 HALL ROAD
MALABAR, FL 32950

REINSTATEMENT 05-06



2. Principal Place of Business
4590 Babcock St NE
Suite, Apt. #, etc.
Unit 106
City & State
Palm Bay
Zip
32905 Country
Brevard

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

06022006 REIN-P CR2E098 (11/05)

4. FEI Number
33-1069035

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CATO, SONJA
295 S WICKHAM RD
WEST MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name
Sonja Cato
Street Address (P.O. Box Number is Not Acceptable)
4590 Babcock St NE
Unit 106
City
Palm Bay FL Zip Code
32905

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 **Sonja Cato** DATE **6/2/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
CATO, SONJA
2105 HALL ROAD
MALABAR, FL 32950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
RIVERA, RAFAEL
2105 HALL ROAD
MALABAR, FL 32950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Sonja Cato D, P, S, T ☒ Change ☐ Addition
2105 Hall Rd
Malabar FL 32950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900076252888 ☐ Addition
06/16/06--01013--011 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Sonja Cato**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/06 **321-506-0859**
Date Daytime Phone #