

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAY -6 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000102038



1. Entity Name
CORTEZ KAT INC.

Principal Place of Business
~~812 59TH ST NW~~
BRADENTON, FL 34209

Mailing Address
~~812 59TH ST NW~~
BRADENTON, FL 34209

2. Principal Place of Business - No P.O. Box #
5204 9TH AVE DR W

3. Mailing Address
5204 9TH AVE DR W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON FL

City & State
BRADENTON FL

Zip
34209

Country

Zip
34209

Country



4. FEI Number
43-2027588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNHARD, JOSEPH F
812 59TH ST NW 5204 9TH AVE DR W
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME BERNHARD, JOSEPH F
STREET ADDRESS ~~812 59TH ST NW~~ 5204 9TH AVE DR W
CITY-ST-ZIP BRADENTON, FL 34209 ☐ Delete

TITLE VST
NAME BERNHARD, DEBORAH E
STREET ADDRESS ~~812 59TH ST NW~~ 5204 9TH AVE DR W
CITY-ST-ZIP BRADENTON, FL 34209 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000155531180
05/06/09--01021--008 **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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/09