

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144475

1. Corporation Name

VICTOR CATANIA PAINTING INC

2. Principal Office Address - No P.O. Box #

2465 E MARCIA STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

Zip

34453

Country

US

Zip

Country

300164084003
12/31/09--01032--008 **150.00
REINSTATEMENT 09
12/03/09 (1/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2003

5. FEI Number

20-0439537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VICTOR F CATANIA

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

2465 E MARCIA STREET

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34453

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-30-09

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
P	VICTOR F CATANIA	2465 E. MARCIA STREET	INVERNESS, FL 34453
V	MARY E CATANIA	2465 E. MARCIA STREET	INVERNESS, FL 34453

10. E-mail Address: catpaintgroup@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-09

Date

Daytime Phone #