## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000009031

Entity Name: C.A.T APPLIANCES, INC

TAMAYO, CARLOS A

324 LOMA BONITA DRIVE

DAVENPORT, FL 33837

Name:

Address:

City-St-Zip:

FILED Dec 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 324 LOMA BONITA DRIVE DAVENPORT, FL 33837 **Current Mailing Address: New Mailing Address:** 324 LOMA BONITA DRIVE DAVENPORT, FL 33837 FEI Number: 20-0618879 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAMAYO, CARLOS A 324 LOMÁ BONITA DRIVE DAVENPORT, FL 33837 US 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. SIGNATURE: CARLOS A. TAMAYO Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TAMAYO, CARLOS A Name: Name: 324 LOMA BONITA DRIVE Address: Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: TAMAYO, CARLOS A Name: RUIZ, MONICA 324 LOMA BONITA DRIVE 324 LOMA BONITA DRIVE Address: Address: DAVENPORT, FL 33837 DAVENPORT, FL 33837 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition TAMAYO, CARLOS A Name: Name: 324 LOMA BONITA DRIVE Address: Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS A. TAMAYO P 12/09/2007