

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 AM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04 0000 28930**

1. Corporation Name
CATALINA Family PARTNERS, INC.

2. Principal Office Address - No P.O. Box #
12008 South Shore Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 107

Suite, Apt. #, etc.

City & State
Wellington, FL

City & State

Zip
33414 Country
U.S.A.

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-1642816

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
Robert Hackney, Esq.
Street Address (P.O. Box Number is Not Acceptable)
625 N. Flagler Drive
Suite, Apt. #, Fl.
9th Floor
City
West Palm Beach, FL State
FL Zip Code
33401

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 **Robert Hackney** Date **9/24/07**
REGISTERED AGENT MUST SIGN

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	Albert Boyd	12008 South Shore Blvd.	Wellington, FL 33414

100109848601
09/24/07--01077--002 **300.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: **Albert Boyd** Date **9/21/07** Daytime Phone # **561.995.6551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell SEP 24

2092
9/21/07

Dear Registration Office:

Please accept this note as testimony that I did not receive notice of filing for Catalina Family Partners, Inc. Several other corporations are handled by my law firm, however we recently moved and perhaps it did not get forwarded.

Thank you for your help.

Al Boyl
(541) 795-6551