

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 PM 1:34

DOCUMENT # P04000059030

1. Corporation Name

Cathey's Custom Draperies

REINSTATEMENT 05-10

700174684177
04/06/10--01035--003 **150.00

CR2E081 (11/09)

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

2715 Ravella Way

Suite, Apt. #, etc.

3. Mailing Office Address

2715 Ravella Way

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beach

4. Date Incorporated or Qualified

To Do Business in Florida 7/02/04

5. FEI Number

☐ 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

Stephen Caliendo

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

2715 Ravella Way

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ 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.

700174684177
05/25/10--01007--019 **750.00

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

Date 4/01/10

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
Director	Karen Caliendo	2715 Ravella Way	Palm Beach Gardens / FL / 33410
Officer	Stephen Caliendo	2715 Ravella Way	Palm Beach Gardens / FL / 33410

10. E-mail Address: catheysdraperies@hotmail.com

Cathey's Draperies

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/10

Date

561-967-2445

Daytime Phone #