

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000096923	
1. Entity Name CATCH ME IF YOU CAN, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 8:34

REINSTATEMENT 05-06

Principal Place of Business 1675 W 49 ST #180048 HIALEAH, FL 33012	Mailing Address 814 E 32 STREET HIALEAH, FL 33013
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2. Principal Place of Business		3. Mailing Address 18520 N.W. 67 th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 273	
City & State		City & State HIALEAH, FL	
Zip	Country	Zip	Country
		33015	

06062006 REIN-P CR2E098 (11/05)

4. FEI Number 05-0605653		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ-GRANADOS, MIGUEL 814 E 32 STREET HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18520 N.W. 67 th AVE City HIALEAH FL Zip Code 33015	
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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 DATE 6-7-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ-GRANADOS, MIGUEL 814 E 32 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P.S.T. DIAZ-GRANADOS, MIGUEL 18520 N.W. 67 th AVE HIALEAH, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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300076393513
06/20/06--01061--001 ☐ 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: DATE 6-7-06 DAYTIME PHONE # 3057615639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR