

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 25 AM 11:18

DOCUMENT # P05000004567

1. Corporation Name

Cathy Bade, P.A.

900182621229
06/25/10--01027--013 **1200.00

2. Principal Office Address - No P.O. Box #
12153 Emerald Green Court

3. Mailing Office Address
12153 Emerald Green Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville Florida

City & State
Jacksonville Florida

Zip Country
32246 USA

Zip Country
32246 USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 1/6/2010

5. FEI Number
20-2215597

☐ 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
Cathy Bade

Street Address (P.O. Box Number is Not Acceptable)
12153 Emerald Green Court

Suite, Apt. #, Etc.

City State Zip Code
Jacksonville FL 32246

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

Cathy Bade

Date 6/23/2010

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
Pres	Cathy Bade	12153 Emerald Green Court	Jacksonville Florida 32246

REINSTATEMENT 07-10
B 6/30/10

10. E-mail Address: cathybade@hotmail.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:

Cathy Bade - Cathy Bade

6/23/2010

904-226-6278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #