

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000060754

1. Entity Name
CAT 5 DISTRIBUTORS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 23 AM 10:36

Principal Place of Business
125 EAST BAYNTON BEACH BOULEVARD
BOYNTON BEACH, FL 33435

Mailing Address
125 EAST BAYNTON BEACH BOULEVARD
BOYNTON BEACH, FL 33435



2. Principal Place of Business - No P.O. Box #
641 NE 9th AVE
Suite, Apt. #, etc.

3. Mailing Address
641 NE 9th AVE
Suite, Apt. #, etc.

10162007 REIN-P CR2E098 (1/07)

City & State
BOYNTON BEACH FL
Zip
33435
Country
USA

City & State
BOYNTON BEACH FL
Zip
33435
Country
USA

4. FEI Number
13-4332429
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONTAGNE, KEVIN M
125 EAST BAYNTON BEACH BOULEVARD
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T
Bryan K. Silverman
641 N.E. 9th Avenue
Boynton Beach, FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700111198917
10/23/07--01025--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 10/25/07
REINSTATEMENT 07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Bryan K. Silverman
Bryan K. Silverman

10/16/07

(561)740-7226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #