

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000027877

1. Corporation Name
CAAT PRODUCTS INC.

APPROVED
AND
FILED

96 NOV 26 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

400 S.W. 107TH AVE. SUITE # 406 MIAMI FL 33174 US

400 S.W. 107TH AVE. SUITE # 406 MIAMI FL 33174 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
CAAT PRODUCTS INC. SUITE, Apt. #, etc. # 406
City & State MIAMI FL
Zip 33174 Country DADE

3. New Mailing Office Address, if Applicable
CAAT PRODUCTS INC. SUITE, Apt. #, etc. # 406
City & State MIAMI FL
Zip 33174 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 04/15/1993

5. FEI Number 65-0394577 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT	RUSSELL, ROBERT L	15310 S.W. 139 AVE	MIAMI FL 33177
VICE PRESIDENT	Rowland, Richard L	10660 SW 96th Street	Miami, Fla. 33176
			800002019068--4 -12/04/96--01036--011 ****375.00 ****375.00

REINSTATEMENT 1996
a-alaw
11-26-96

8. Name and Address of Current Registered Agent

RUSSELL, ROBERT L
400 S.W. 107TH AVE.
SUITE # 406
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Robert L. Russell* Date
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Robert L. Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2340 (7/95)