

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 NOV 16 PM 1:57


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD 11-26-07



DOCUMENT # P93000041544

1. Entity Name
CATHY'S FASHIONS, INC.



Principal Place of Business
12705 N.W. 42ND STREET
MIAMI, FL 33054 US

Mailing Address
1980 SOUTH OCEAN DRIVE
APT. 9K
HALLANDALE, FL 33009 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

10272007 FEE IN 07
REINSTATEMENT 07

4. FEI Number
65-0417653

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIERRA, ROLANDO M
1980 SOUTH OCEAN DRIVE
APT. 9K
HALLANDALE, FL 33009

7. Name and Address of Now 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	P	<input type="checkbox"/> Delete
NAME	SIERRA, ROLANDO M	
STREET ADDRESS	1980 SOUTH OCEAN DRIVE SPT. 9K	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700112455717
CITY-ST-ZIP	11/20/07--01017--010 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Rolando Sierra - President 11/16/07 301-225-2648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2007

CATHY'S FASHIONS, INC.
1980 SOUTH OCEAN DRIVE
APT. 9K
HALLANDALE, FL 33009 US

SUBJECT: CATHY'S FASHIONS, INC.
Ref. Number: P93000041544

We have received your document for CATHY'S FASHIONS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$150.00.

It appears that you have attempted to reinstate your corporation online but you did not successfully complete the process.

Please complete the attached application for reinstatement and return it to this office for processing.

The total amount due to reinstate is \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 607A00062424