

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045206**

1. Corporation Name

CAPT CATO INC.

2. Principal Office Address

2440 WORLD PKWY. BLVD.

Suite/Apt. #, etc.

APT #56

City & State

CLEARWATER FLA

Zip

33763

Country

FLORIDA

3. Mailing Office Address

2440 WORLD PKWY. BLVD.

Suite/Apt. #, etc.

APT #56

City & State

CLEARWATER FLA

Zip

33763

Country

FLORIDA

REINSTATEMENT 00-03
09/15/03 01034 001 \$1050.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-13-94

5. FEI Number

59-3242005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

2002

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SAM VONA

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

2440 WORLD PKWY. BLVD

Suite/Apt. #, Etc.

APT #56

City

CLEARWATER

State

FL

Zip Code

33763

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

SAM VONA

REGISTERED AGENT MUST SIGN

Date **9-23-03**

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
DP	NINA VONA	2440 WORLD PKWY. BLVD.	
DVP	MICHAEL VONA	2440 WORLD PKWY. BLVD	
DST	SAM VONA	2440 WORLD PKWY. BLVD	

10. 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:

SAM VONA

SAM VONA

Date

9/23/03 - 727-799-0652

Daytime Phone #

CR2E081 (10/02)