PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICAT FOR REINSTATE		Sa S	DEPARTMENT Indra B. Mortha Secretary of Stat SION OF CORPORAT	am te		FASTE Large FT		
DOCUMENT #POKCYYO 1-79179					98 AUG 20 PM 2: 15			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CATALYST MANAGENED GROUP INC.					TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 1206 THOMPSON PL DAYTOND TSTACH							2	
					EINST	ATEMENT	910-98	
New Principal Office			Office Address, If App			porated or Qualified ness in Florida		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State Zip	Country	City & State	Country		6.	52972944 - 5	Not Applicable 8.75 Additional Fee regulard	
	ddresses of Each Officer and	<u> </u>		s must list at leas		E OF STATUS DESIRED .	for a Certificate of Status	
Title(s)	Name of Officers and/or Directors]	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / 5	State / Zip	
PRESIDEN MICTIADIS K. EXAPH >> 1702 THOUPSON PL						T avertact	SERVH	
		D	KTONA BE	→(# ‡/	32118	<u>F: 52/</u>	18	
					80	0002624 -08/25/98:(***1050.00	01060004	
8. Nan	ne and Address of Current	Registered Agent			9. Name and A	Address of New Registered	Agen	
Name ACT STEPS. M ISA. STEPS. M I						is Not Acceptable)		
DATT PRENCH! Suite, Apt. H. Elc.								
10. I, being appointed the registeret lagent of the above named corporation, am familiar with and accept the obligation						ich IFL	2in Code - 32 18	
Signature of Registered Agent Date 8/578								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling this reinstalement 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:								