

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *P95000012952*

1. Corporation Name

Kat's Bobcat Trackhoe Service, Inc.

2. Principal Office Address

3421 Tallwood Dr

Suite, Apt. #, etc.

City & State

Deltona FL

Zip

32738

Country

Volusia

3. Mailing Office Address

PO Box 390084

Suite, Apt. #, etc.

City & State

Deltona FL

Zip

32739-0084

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

2/15/1995

5. FEI Number

59-3298787

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Katwaroo Dowlat

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

3421 Tallwood Dr

Suite, Apt. #, Etc.

City

Deltona

State  
FL

Zip Code

32738

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of  
Registered Agent

*Katwaroo Dowlat*

REGISTERED AGENT MUST SIGN

Date *11-21-02*

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
Pres	Katwaroo Dowlat	3421 Tallwood Dr	Deltona FL 32738

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:

*Katwaroo Dowlat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11-21-02* 386-532-6074

Daytime Phone #

*12/2/02*