

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN 17 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036744

1. Corporation Name

KATHCAR & ASSOCIATES, INC.

**REINSTATEMENT** 98-03

400018812974  
05/12/03--01113--002 \*\*1500.00

2. Principal Office Address

5333 SW 9TH PLACE

3. Mailing Office Address

5333 SW 9TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

Zip

33914

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/8/1995

5. FEI Number

65-0582024

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

ARLINE WINFIELD

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

5333 SW 9TH PLACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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

*Arline Winfield, President*  
REGISTERED AGENT MUST SIGN

Date 06-12-03

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
P, D	ARLINE WINFIELD	5333 SW 9TH PLACE	CAPE CORAL, FL 33914
D	JOHN RAINWATER	5333 SW 9TH PLACE	CAPE CORAL, FL 33914
VP	CAROLYN WINFIELD DEELEY	1365 FAR DRIVE	CORDOVA, TN 38018
S, T	KATHLEEN WINFIELD	1016 FRIARS GATE BLVD.	IRMO, SC 29063

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:

*Arline Winfield* Arline Winfield

Date

05-05-03 239-940-4928

Daytime Phone #

CR2E081 (10/02)

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