

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra L. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -8 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031052

1. Corporation Name

CATALYST COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

[REDACTED]

[REDACTED]



REINSTATEMENT

AD 118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1996

Suite, Apt. #, etc.

6416 PARKLAND DR.

Suite, Apt. #, etc.

6416 PARKLAND DR.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34243

Country

USA

Zip

34243

Country

USA

5. FEI Number

65-0682453

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SMITH, CARL	7077 S TAMiami TRAIL	SARASOTA FL 34231
D	COOK, VIKKI	7077 S TAMiami TRAIL	SARASOTA FL 34231
	[REDACTED]	[REDACTED]	[REDACTED]
D	O. HOWARD DAVIDSMEYER	7077 S. TAMiami TRAIL	SARASOTA FL 34231
			400002398184--4 -01/13/98--01039--027 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MORRISON, JULIE
7077 S TAMiami TRAIL
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name

WILLIAM E. ROBERTSON, JR.

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

720 S. ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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 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:

Vikki C. Cook - Vikki C. Cook 1/7/98 941-923-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)