

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra L. Mortham
 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

~~██████████~~
~~██████████~~



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	
Suite, Apt. #, etc. 6416 PARKLAND DR.		Suite, Apt. #, etc. 6416 PARKLAND DR.		04/09/1996	
City & State SARASOTA FL		City & State SARASOTA FL		5. FEI Number 65-0682453	
Zip 34243		Country USA		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SMITH, CARL	7077 S TAMiami TRAIL	SARASOTA FL 34231
D	COOK, VIKKI	7077 S TAMiami TRAIL	SARASOTA FL 34231
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

9. Name and Address of New Registered Agent

MORRISON, JULIE
 7077 S TAMiami TRAIL
 SARASOTA FL 34231

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 _____ 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 #

CFR2040 (8/97)