

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
John H. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037330**

1. Corporation Name

**KAT-N-DIL, INC.**

Principal Place of Business

Mailing Address

7289 NORTHWEST 36TH STREET  
MIAMI FL 33166

7289 NORTHWEST 36TH STREET  
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/30/1996

5. FEI Number

65-0663381

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BARROSO, FRANK C	7289 NORTHWEST 36TH STREET	MIAMI FL 33166
VSD	BAROSSO, LINA I	7289 NORTHWEST 36TH STREET	MIAMI FL 33166

100003032171--4  
-11/02/99--01044--024  
\*\*\*\*\*150.00 \*\*\*\*\*150.00  
100003032171--4  
-11/02/99--01044--025  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

BARROSO, FRANK C.  
7289 NW 36TH STREET  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*Frank C. Barroso*

REGISTERED AGENT MUST SIGN

Date

10/13/99

11. 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:

*Frank C. Barroso*

FRANK C. BARROSO

Date

10/13/99

Daytime Phone #

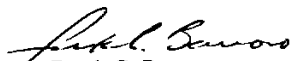
KE  
705592-3390

Florida department of State  
Division of Corporations  
Tallahassee, FL.

Dear Sirs,

Please be informed that we received an application from the Secretary of State for our corporation in July. We filled it out and sent in our check for \$150.00 ( ck # 1292, dtd 7/6/99) this check has not yet cleared with the bank so apparently it has been lost in transit. At this time we are again resubmitting a check for \$150.00 along with another application. Thank you for your attention to this matter.

Sincerely,

  
Frank C. Barroso  
10/13/99

Kat-N-Dil, inc.  
7289 NW 36 Street  
Miami, FL. 33166