

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000039118			
1. Corporation Name C.A.T.SVS., INC.			
2. Principal Office Address 6510 Main Street		3. Mailing Office Address 6510 Main Street	
Suite, Apt. #, etc. #11-108		Suite, Apt. #, etc. #11-108	
City & State Miami Lakes, Florida		City & State Miami Lakes, Florida	
Zip 33014	Country	Zip 33014	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 5/1/96	
5. FEI Number 65-0668194	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name Catalina Pastor	
Street Address (P.O. Box Number is Not Acceptable) 6510 Main Street	
Suite, Apt. #, Etc. #11-108	
City Miami Lakes	State FL
Zip Code 33014	

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0006 or 617.0003, F.S.			
Signature of Registered Agent		Date 11-01-01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Catalina Pastor	6510 Main Street	Miami Lakes, FL 33014
VP/D	Richardo Prieto	1900 SW 120th Terrace	Miramar, FL 33025
10. I certify that I am an officer or director or the receiver of this corporation and 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)(b), 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:		Date 11-01-01	Daytime Phone # 3058889444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

2012

C.A.T.Svs., INC.
Desk of: Catalina I. Pastor

DEPARTMENT OF CORPORATION

REF; REINSTATEMENT

Dear Sir or Madam:

Thank you for your help on activating my status, enclosed please find the application for reinstatement of my corporation for C.A.T. Svs, Inc., I apologize for not filing the annual report as needed but I never received a copy of the report since I have moved to a new address and some how it was never forwarded, I didn't realize I hadn't file until I check the status of the Corporation on line and notice that it was inactive.

To tell you the truth since the company was inactive and hasn't been that busy and all the changes that had occurred during the beginning of the year it total slipped my mind, I have started to have some activity and I would like to reinstate my corporation and pay the applicable fee.

Thank again for your help on this matter I truly appreciate it.

Should you need to speak with have or me any questions please call me at 305 926-0476 my cellular number or 305 888-9444 my work number.

Regards,
C.A.T.Svs., Inc.

Catalina Pastor