	DI E 105 DE 10			DEE0DE 4				
	PLEASE READ PLICATION FOR STATEMENT	FLORIDA	A DEPARTMEN Sandra B. Mor Secretary of S VISION OF CORPOR	NI OF STATE t <mark>ham</mark> tate		INGAFFIRAVEN AND FILED 997 NOV 24 FW		
DOCUMENT # P96000049853 1. Corporation Name KATA ENTERPRISES, INC.					SECRETARY OF STATE TALLAHASSET, FLORIDA			
Principal Place of Business Mailing Addr 2705 TALLY HO AVENUE 2705 TALLY ORLANDO FL 32826 ORLANDO FL			O AVENUE					
2. New Pring 100 Sulte, Apt. 4 City & State	Suite 11	3. New Mailli Sulte, Apt. #, City & State	PIEXANDE BUITE SUITE VIEDO COUNTY 65 SCI	Applicable 19 B/vd. FL nino/e	5. FEI Numbe 5. 9-3 6. CERTIFICAT	oorated or Qualified ness in Florida or 7384203 TE OF STATUS DESIRED	O6/11/1996 Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
Title(s) D	Name of Officers and/or Directors 2 DUFFENHACK, ARTHUR 3 DU THE ADDRESS, AITHUR S SADLOWSKY, S	Stre	eet Address of Eac icer and/or Directo se Post Office Box AVE.	h				
D D	HEGGEWOOD, TWOTHY HEGWOOD, TIMOTHY MANO, ANTHONY JK Rai Yana, Anthony	2705 TALLY HO 6556H SI 2705 TALLY HO 3637 RI	ummerwa AVE. Sth bury	ORLANDO FL 82828. Winter Park, FL 32892. ORLANDO FL 32828. Orlando, FL 32812				
					REINSTATEMENT AND			
8. Name and Address of Current Registered Agent SADLOWSKY, KARL 2705 TALLY HO AVENUE ORLANDO FL 32826				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc11/26/97 -01098 -019 City **** 750 State FL				
10. I, being Signature of Registered	appointed the registered agent of the about Agent RE	ve named corpo	pretion, am familiar wi	I th and accept the o	obligations of Sect	tion 607.0505, F.S.	8/97	
	is corporation owes or ha angible Personal Propert			ar Yes M	No X	(See other	or side for information intangible tax.)	

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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: Mar J. Sada WS Ky State OF SIGNING OFFIGER OR DIRECTOR 11/18/97 (407) 366-090

CR2E040 (8/97)