

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 AUG 27 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/30/07--01034--014 **308.75
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015322

1. Corporation Name
The Catalina Group, Inc

2. Principal Office Address - No P.O. Box # 5759 John Anderson Highway		3. Mailing Office Address 5759 John Anderson Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Flagler Beach, Fl.		City & State Flagler Beach, Fl.	
Zip 32136	Country USA	Zip 32316	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **2/18/1997**

5. FEI Number **650822134**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **James F. Garner**

Street Address (P.O. Box Number is Not Acceptable)
61 North Ojibwa Rd.

Suite, Apt. #, Etc.

City **Monticello** State **FL** Zip Code **32344**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *James F. Garner* Date **8/27/07**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Cathleen C. Vogel	5759 John Anderson Highway	Flagler Beach, Fl. 32136

10. 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 contained in Chapter 119, 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: *Cathleen C. Vogel* Date **Aug 27, 2007** Daytime Phone # **(239) 565-1429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR