

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Applied For

Not Applicable

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

REGISTERED AGENT MUST SIGN

Date 8/27/07

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 27, 2007 (239) 5651429

Daytime Phone #