

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019318

1. Corporation Name

CATAMOUNT ASSOCIATES, INC.

Principal Place of Business

102 WINDWARD DRIVE  
PALM BEACH GARDENS FL 33418

Mailing Address

102 WINDWARD DRIVE  
PALM BEACH GARDENS FL 33418



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1997

5. FEI Number

65-0739966

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOLLAND, EUGENE	524 BRINY HILL RD	HILLDALE NY 11252
		BOX 713 Hillside, N.Y. 12529	

4000009319944  
12/03/02--01059--001 \*\*150.00

8. Name and Address of Current Registered Agent

KAPLAN, ROBERT  
102 WINDWARD DRIVE  
PALM BEACH GARDENS FL 33418

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 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert Kaplan*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/25/02

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:

*Eugene N. Holland*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/02 914-961-8531

CR2E040 (8/02)

**Catamount Associates, INC.**  
**102 Windward drive**  
**Palm Beach Gardens, FL 33418**

November 25, 2002

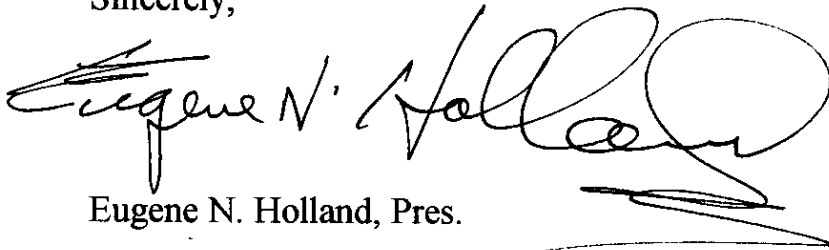
Gentlemen;

Please accept my check for 2002 corporation annual report.

I never received your first mailing, if you check your records you will see that we have always paid our fees timely.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eugene N. Holland'. The signature is stylized with a large, circular flourish at the end.

Eugene N. Holland, Pres.