

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041180

1. Corporation Name

CATALANO AUTO SALES INC.

000009633140
12/23/02--01039--014 **236.25

2. Principal Office Address		3. Mailing Office Address		4. Date Incorporated or Qualified To Do Business in Florida	
1301 US 1		PO BOX 780201		05-01-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				65-0828484	
City & State		City & State		Applied For	
SEBASTIAN, FL.		SEBASTIAN, FL.		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
32958	US	32978	US		

7. Name and Address of Current Registered Agent

Name

ORLANDO CATALANO

Street Address (P.O. Box Number is Not Acceptable)

711 SILVERTHORN CT.

Suite, Apt. #, Etc.

City

BAREFOOT BAY

State

FL

Zip Code

32976

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

REGISTERED AGENT MUST SIGN

Date 12-19-02

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	ORLANDO CATALANO	711 SILVERTHORN CT	BAREFOOT BAY, FL 32976
V	CAROL CATALANO	711 SILVERTHORN CT	BAREFOOT BAY, FL 32976
T	SHAWN CATALANO	2535 MARIETTA ST NE	PALM BAY, FL, 32905
S	KIM CATALANO	2535 MARIETTA ST NE	PALM BAY, FL, 32906

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 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.

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12-19-02

To Whom this may Concern,

Enclosed are papers and a check
for \$236.25. We never recieved any
forms. We moved to a new location.

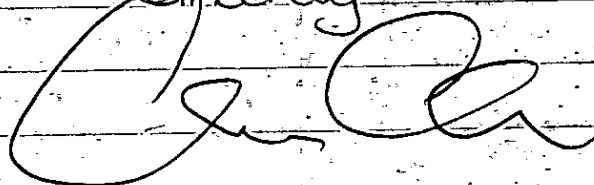
Our new address is: 14395 US Hwy.1
Sebastian, Fla.
32925.

Please make sure all forms are
sent to my mailing address. It is:

P.O. Box 780201
Sebastian Fl, 32978

Thank-you For your Cooperation.

Sincerely

A handwritten signature in cursive script, appearing to read 'Orlando Catalano'.

Orlando Catalano