

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000044263**

1. Corporation Name

CATS OF TAVARES, INC.

aqar

Principal Place of Business

Mailing Address

102 EAST ALFRED STREET
TAVARES FL 32778

102 EAST ALFRED STREET
TAVARES FL 32778

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1997

5. FEI Number

59-3451962

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STALTER, ALFRED W	102 EAST ALFRED STREET	TAVARES FL 32778

100003070601-3
-12/15/99--01019--023
****150.00 ****150.00

11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STALTER, ALFRED W
102 EAST ALFRED STREET
TAVARES FL 32778

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.

Signature of
Registered Agent

Alfred W. Stalter
REGISTERED AGENT MUST SIGN

Date *12/3/99*

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:

Alfred W. Stalter *Alfred W. Stalter* 12/3/99
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

(332) 343-3200



Counseling Associates & Treatment Services

December 3, 1999

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

The purpose of this letter is to follow up on a phone call to your office from Mr. John Rice, of the Accounting Firm of Greenlee, Kurras, Rice and Brown. Mr. Rice contacted your office regarding my "Notice of Administration Dissolution or Revocation." It was suggested by your office that I write this letter to explain why this obligation had not met prior to this date.

It was discovered that my former office manager had been embezzling funds and not paying bills. It was further discovered that she had "stuffed" many bills in files or destroyed them altogether. Upon this discovery, I retained an Accountant to "straighten out the problem," including the responsibility for paying my bills. Unfortunately, for whatever reason, this did not occur.

When I discovered that bills were not being brought to my attention and not being paid, I retained Mr. Rice and his firm to accomplish this task. It was at this time that I became aware of the notice from your office. Therefore, I respectfully request that the penalties be waived and that I be allowed to pay the original amount of \$150.00. I have enclosed a check for that amount.

Thank You for your consideration in this matter.

Sincerely,



Alfred W. Stalter