

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 20 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006945

1. Corporation Name

Cate Building & Restoration, Inc.

2. Principal Office Address

3093 Buccaneer Rd

Suite, Apt. #, etc.

City & State

Lantana Florida

Zip
33462

Country
USA

3. Mailing Office Address

3093 Buccaneer Rd

Suite, Apt. #, etc.

City & State

Lantana Florida

Zip
33462

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/98

5. FEI Number

650806367

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

William G. Cate

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

3093 Buccaneer Rd.

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

000045024518

01/20/05--01022--021 **1088.75

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

William G. Cate

REGISTERED AGENT MUST SIGN

Date

JAN 9, 2005

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	(WILLIAM) Wm. G. Cate	3093 Buccaneer Rd	Lantana, Fla 33462
V	Linda L. Cate	3093 Buccaneer Rd	Lantana, Fla 33462
S	Timothy J. Cate	3093 Buccaneer Rd	Lantana, Fla 33462
T	William L. Cate	3093 Buccaneer Rd	Lantana, Fla 33462

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Cate

JAN 9, 2005

Date

(561)
967-4955

Daytime Phone #

CR2E081 (01/05)