

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100121257451
03/25/08--01055--025 **1200.00

CR2E081 (12/07)

DOCUMENT # P 99 00000 7809

1. Corporation Name

CATAIONIC INVESTMENTS
Corporation

2. Principal Office Address - No P.O. Box #

330 CASUARINA

Suite, Apt. #, etc.

CONCOURSE

City & State

Coral Gables FL

Zip

33143

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 27, 1999

5. FEI Number

650922848

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

ALFREDO MURCIANO

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

330 CASUARINA CONCOURSE

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33143

☐ 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

Alfredo Murciano

REGISTERED AGENT MUST SIGN

Date March 19, 2008

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	ALFREDO MURCIANO	330 CASUARINA CONC	Coral Gables, FL 33143
T	LOURDES ALATRIFE	330 CASUARINA CONC	Coral Gables, FL 33143
S	EMILIA MURCIANO	2834 DESOTO BLVD	Coral Gables FL 33134

REINSTATEMENT
06-08

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:

Alfredo Murciano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2008

Date

305

665-5747

Daytime Phone #