

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000014897**

1. Corporation Name

THE KATTIL INVESTMENTS, INC.
4316 Fox Ridge Dr **4316 Fox Ridge Dr**
Weston FL 33331 **Weston FL 33331**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0904265

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

Jacob Marykuty

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

4316 Fox Ridge Dr.

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

700037994297
06/16/04--01006--018 **900.00

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

See below

Date

REGISTERED AGENT MUST SIGN

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
Pres	Jacob Marykuty	4316 Fox Ridge Dr.	Weston FL 33331

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:

Marykuty Jacob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-14 **954-**
249-6129

Date

Daytime Phone #

CR2E081 (01/04)