


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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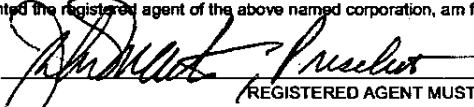
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|--|--|---|---|---|--|
| CORPORATION | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P99000053374 | | | | | |
| 1. Corporation Name Cally E. Catania, P.A. | | | | | |
| 2. Principal Office Address 14502 N. Dale Mabry Hwy. Suite, Apt. #, etc. Ste. 200 City & State Tampa, FL Zip 33618 Country USA | | | 3. Mailing Office Address Hwy. Suite, Apt. #, etc. City & State Zip Country | | |

FILED
02 MAR 20 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 6-11-99 | |
| 5. FEI Number 59-3580686 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |


| | |
|--|-------------|
| 7. Name and Address of Current Registered Agent | |
| Name Financial Foundations, Inc. | |
| Street Address (P.O. Box Number is Not Acceptable) 3150 Sandy Ridge Drive | |
| Suite, Apt. #, Etc. | |
| City Clearwater FL | State FL |
| Zip Code 33761 | |

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-04/11/02--01015--004
***300.00 ***300.00

| | |
|---|----------------|
| 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  | Date 3/4/02 |
| 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 |
| P | Cally E. Catania | 14502 N. Dale Mabry | Tampa, FL 33618 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

01-62432 78

| | |
|--|---|
| 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 Cally Catania |
| Date 3/4/02 | Daytime Phone # 964-8878 |

CR2E081 (9/01)

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CALLY E. CATANIA, P.A.
ATTORNEY AT LAW
14502 N. Dale Mabry Highway, Suite 200
Tampa, Florida 33618

CALLY E. CATANIA*
*Also Admitted in California

(813) 964-8878 telephone
(813) 964-8879 facsimile
(866) 788-8878 toll free

March 18, 2002

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

Re: Reinstatement for Cally E. Catania, P.A.
FEI: 59-3580686

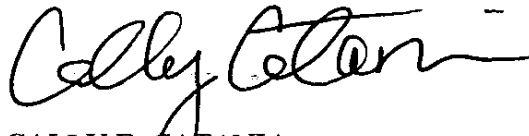
Dear Division of Corporations:

Last year I did not receive a Uniform Business Report from the Division of Corporations. My corporation was dissolved and I would like it to be reinstated. I have enclosed a Corporation Reinstatement form along with a check for \$300.00. I kindly request that the late filing fee be waived.

Please be aware that my address has changed. Please direct all future correspondence to the address listed above. Thank you for your help with this matter.

Sincerely,

CALLY E. CATANIA, P.A.


CALLY E. CATANIA
Attorney at Law

CEC/hm
enc.