

2008 FOR PROFIT CORPORATION REINSTATEMENT



FILED
2008 MAR -5 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000030220		1. Entity Name KATY ENTERPRISES, INC.	
Principal Place of Business 802 WINDMERE COURT SOUTHLAKE, TX 76092		Mailing Address 802 WINDMERE COURT SOUTHLAKE, TX 76092	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4376 N. MICHIGAN AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI BEACH FLORIDA	
Zip	Country	Zip 33140	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NETHERSOLE, CHARLES J 4376 NORTH MICHIGAN AVENUE MIAMI BEACH, FL 33140		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
		4. FEI Number 13-4243084	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



20282008 REIN: P CR2E098 (1/07) 07-08
REINSTATEMENT

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTERS, KENNETH 802 WINDMERE COURT SOUTHLAKE, TX 76092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Ad 600120748236 03/19/08--01036--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NETHERSOLE, CHARLES J 4376 NORTH MICHIGAN AVENUE MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Nethersole* B. Mitchell, MAD