

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35583**

1. Corporation Name

CHARLES F. MCAFEE, FAIA, NOMA, PA

Principal Place of Business

Mailing Address

2600 NORTH GROVE STREET
WICHITA KS 67219

2600 NORTH GROVE STREET
WICHITA KS 67219

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1991

5. FEI Number

48-0919289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C-	MCAFEE, CHARLES F.	16 CRESTVIEW LAKE ESTATE	WICHITA KS 67220
PD	MCAFEE, CHERYL L.	210 LAKELAND CIRCLE	FAYETTEVILLE GA 30215
VS	CHARYL F MCAFEE-DUNCAN	2014 PORTSMOUTH DR	RICHARDSON TX 75082
			LS
			500004571565--8 -09/06/01--01020--024 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, ROBERT
11762 N. KENDALL DRIVE
SUITE 302
MIAMI FL 33186

Name
Cat Island Corporation/Romero Perkins
Street Address (P.O. Box Number is Not Acceptable)
2991 Fenwick Court, East
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32307

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **8/28/01**

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

SIGNATURE REQUIRED
CHARLES F. MCAFEE

8/27/01 3166862138

FILED

01 AUG 29 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

09-01

CR2E040 (8/99)