

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
2000192  
DIVISION OF CORPORATIONS

FILED  
00 NOV -2 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000090652

1. Corporation Name

A CUT ABOVE OF PALM COAST, INC.

Principal Place of Business

Mailing Address

~~1 FARRADAY LANE SUITE 2-C~~  
PALM COAST FL 32137

~~1 FARRADAY LANE SUITE 2-C~~  
PALM COAST FL 32137



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

2. New Principal Office Address, If Applicable

~~15-G Palm Harbor Village Way~~

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3538397

Applied For

Not Applicable

City & State

~~Palm Coast FL~~

Zip

Country

Zip

Country

32137 USA

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
D	FERRARI, PHYLLIS	<del>1 FARRADAY LANE, SUITE 2-C</del>	PALM COAST FL 32137
D	BELLITTO, DONNA	<del>1 FARRADAY LANE, SUITE 2-C</del> 15-G Palm Harbor Village Way	PALM COAST FL 32137

100003473411--0  
-11/21/00--01108--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

DONALD W. DUNCAN, P.A.  
25-B FLORIDA PARK DRIVE NORTH  
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/30/00

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.

KE

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-00

Daytime Phone #

904-446-7979

2082

**Donald W. Duncan, P.A.**

*Attorney and Counselor at Law*

25 Florida Park Drive, Suite B  
Palm Coast, Florida 32137  
(904) 445-0500  
Fax: (904) 445-7600

**Mailing Address:**  
P.O. Box 352411  
Palm Coast, Florida  
32135-2411

October 30, 2000

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: A Cut Above of Palm Coast, Inc.  
Document Number: P98000090652

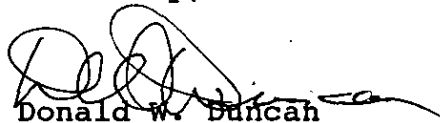
Dear Sir:

My client, A Cut Above of Palm Coast, Inc., has advised that they never received the original 2000 Uniform Business Report.

Enclosed is a payment of \$150, as suggested in a telephone conversation between your office and my client.

Please do not hesitate to call if you have any questions.

Sincerely,

  
Donald W. Duncan

DWD/emb  
Enclosure