

PS 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -2 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Cutler Cove Powers Squadron, Inc.

708908

2. Principal Office Address

8601 SW 146 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33158

Country

USA

3. Mailing Office Address

8601 SW 146 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33158

Country

USA

800038654508

07/02/04--01070--001 **131.25

4. Date Incorporated or Qualified

To Do Business in Florida 5/6/1965

5. FEI Number

59-6170590

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

Bruce Bonnough

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

8601 SW 146 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

REINSTATEMENT

03-04
TR

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

Bruce Bonnough

REGISTERED AGENT MUST SIGN

Date 25 JUN 04

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 |
|--------|-----------------------------------|--|--------------------|
| T/D | Bruce Bonnough | 8601 SW 146 ST | Miami FL 33158 |
| P/D | Robert Buksch | 8241 SW 185 ST | Miami FL 33157 |
| S/D | Linda Sims | 7440 SW 96 CT | Miami FL 33173 |
| M/D | Cliff Root | 11611 SW 104 Court | Miami FL 33176 |
| | | | |
| | | | |

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:

Bruce Bonnough BRUCE BONNOUGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

25 JUN 04 305 342 2788

Daytime Phone #

CR2E081 (01/04)

2 yr

Hello

Enclosed is a completed corporation reinstatement form for
Cutler Cove Powers Squadron, Inc.

| | | |
|-----------------|-------------|------------------------|
| And a check for | 61.25 | 2003 annual report fee |
| | 61.25 | 2004 annual report fee |
| | <u>8.75</u> | Certificate of status |
| | \$131.25 | Total check # 5462 |


I had called as to determine why the 2004 annual report info had not been received by me and found out that the state records indicate that the 2003 annual report had been returned to the registered agent. That was one of the items being changed and thus never knew of any problem. Was advised that the \$175 reinstatement fee was waved.

We are under document number 708908
Cutler Cove Powers Squadron, Inc

8601 SW 146 ST
Miami FL 33158

Any questions please call me
Bruce Bonnough
305.342-2788

Thank You


Bruce Bonnough