

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 AUG 25 PM 1:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

F01 292

1. Corporation Name

DAVID F. CUTHBERTSON, INC.

Principal Place of Business

Mailing Address

516 NW 22nd STREET  
 WILTON MANORS, FL 33311

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

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2041136

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S	David F. Cuthbertson	516 NW 22nd Street	Wilton Manors/fl/33311
			900002633118--0 08/04/98-01137-012 ****908.75 ****908.75
<b>REINSTATEMENT 97-98 TB</b>			
<b>8/27</b>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name		WILLIAM G. RUYMANN	
Street Address (P.O. Box Number is Not Acceptable)		2614 NE 15 Street	
Suite, Apt. #, Etc.			
City	State	Zip Code	
FT Lauderdale	FL	33304	

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

*William G. Ruyman*  
 REGISTERED AGENT MUST SIGN

Date Aug 20, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30, 1998. Yes  No

(See other side for information on intangible tax.)

12. 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.

*David F. Cuthbertson*  
 SIGNATURE: David F. Cuthbertson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 20, 1998 954-565-9628

Date Daytime Phone #

CR2ED00 (1/98)

**DAVID F. CUTHBERTSON**



516 N.W. 22 St. ♦ Wilton Manors, Fl. 33311 ♦ U.S.A.  
Phone 954-565-9628 ♦ Fax SAME WITH NOTICE ♦ Home Phone (954)565-2614 ♦ Email flack2@aol

August 20, 1998

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

Re: 203 . Reinstatement  
David F. Cuthbertson, Inc.  
FEI Number 59-2041136

Dear Sir:


Enclosed is my application for Reinstatement of my referenced Corporation.

I was never notified of the administration dissolution for annual report. I have been paying my annual dues since 1980. The only reason for this dissolution is due to wrong address and your office never notified me for my annual dues.

I am enclosing the full penalty for reinstatement.

This penalty seems too much for a wrong address and lack of notification from your office. I would be grateful if you would adjust this penalty.

Sincerely,

  
David F. Cuthbertson, President  
David F. Cuthbertson, Inc.

Encl. (1) \$908.75  
xx  
(2) state fill!

