

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

*Blair*

DOCUMENT # L06658

1. Corporation Name

CUTTER PUBLICATIONS INC.

~~the Cutter Impressions~~

Principal Place of Business

Mailing Address

5065-3 ST AUGUSTINE RD  
JACKSONVILLE FL 32207  
US

5065-3 ST AUGUSTINE RD  
JACKSONVILLE FL 32207  
US

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

99 OCT 25 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4-30-99 90125 049

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1989

5. FEI Number

59-2962318

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
POSD	KATZ, SHERMA	1950 PAINE AVE., APT. 29	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, SHERMA  
5065-3 ST AUGUSTINE RD  
JACKSONVILLE FL 32207

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip

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

*Sherma Katz, President*  
REGISTERED AGENT MUST SIGN

Date 10/20/99

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:

*Sherma Katz, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

(904) 733-0050

Daytime Phone #

CR2E040 (8/99)



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

79 2012

October 20, 1999

To Whom It May Concern:

Please be advised that I sent Check number 6783 for \$150 on April 22, 1999 which I understand that you acknowledge receiving. Apparently, I forgot to sign the form and so I am including it with this letter.

Please let me know if there are any further problems. Thank you for your assistance.

Sincerely,

Sherma Katz  
President

**Printing**

•

**Design Services**

•

**Flat Sheets &  
Continuous Forms**

•

**Advertising &  
Marketing**

•

**Foil Stamping**

•

**Embossing**

•

**Die Cutting**

5065-3 St. Augustine Road  
Jacksonville, FL 32207

(904)733-0050  
FAX (904)739-1624  
Toll Free (888)288-8374

733-1140