

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M13305**

1. Corporation Name

P.C. CUTTING SERVICES, INC.

Principal Place of Business

1010 EAST 41ST STREET
HIALEAH FL 33013

Mailing Address

1010 EAST 41ST STREET
HIALEAH FL 33013

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1985

5. FEI Number

59-2522792

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
P	CANEJA, PABLO A	1010 EAST 41ST STREET	HIALEAH FL 33013
VP	CANEJA, JR., PABLO A	1010 EAST 41ST STREET	HIALEAH FL 33013
ST	CANEJA, ISABEL	1010 EAST 41ST STREET	HIALEAH FL 33013

600025688836
12/22/03--01063--023 **750.00

M 12/23

8. Name and Address of Current Registered Agent

LAZARO J. PEREZ, P.A.
6915 MAIN STREET.
#136
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

CANEJA, PABLO A.

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

1010 EAST 41 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33013

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. or 617.0505, F.S.

Signature of
Registered Agent

Pablo A. Caneja
PABLO A. CANEJA

Date 11/11/03

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:

Pablo A. Caneja
PABLO A. CANEJA

11/11/03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)