

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 16 AM 8:01

DOCUMENT # N01000002506

1. Corporation Name **Cutler Ridge Business District, Inc.**

2. Principal Office Address

900 Perrine Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

900 Perrine Avenue

Suite, Apt. #, etc.

City & State

Perrine, FL

City & State

Perrine, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/01

5. FEI Number

65-1143578

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

John C. Breder

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

9861 S. W. 184th Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33157

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

REGISTERED AGENT MUST SIGN

Date **12/12/02**

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
PD	John C. Breder	9861 S. W. 184th Street	Miami, FL 33157
VPD	Lair Hall	16941 S. W. 119th Court	Miami, FL 33157
T/SD	Rob Hintz	17945 Franjo Road	Miami, FL 33157

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:

John C. Breder

12/12/02

(305) 251-1520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)