PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P0000002814

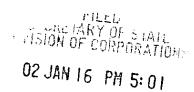
1. Corporation Name

CARRIBCUT INC.

Principal Place of Business

Mailing Address

SIGNATURE:



316 SE 20TH ST . CAPE CORAL FL 33990	ST FL 33990							
If above addresses are incorrect in any way,	line through incorrect in	nformation and enter	correction below.	REINS	TATEN	TENT (77-	
		ailing Office Address, If Applicable			rated or Qualified			
Suite, Art. #, etc. Suite		Suite, Apt. #, etc.		5 _{.x} -FEI Number		01/03/200	Applied For	
City & State	City & State	City & State		1/0000010104		Not Applicable		
Zip Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition for a Cert	tional Fee required tificate of Status	
7. Names and Street Addresses of Each Office	cer and/or Director (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)		<u> </u>		
Name of Officers and/or Directors		Street Address of Each Officer and/or Directo			4	City / State / Zip		
D STERLING, WINSTON		316 SE 20TH ST			CAPE CORAL FL 33990			
8. Name and Address of C	Current Registered Are				100047 -01/25/ ****75	7 (//b	□4 021 *750.00	
STERLING, WINSTON 316 SE 20TH ST CAPE CORAL FL 33990 S			Name					
			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code					
10. I, being appointed the registered agent of Signature of Registered Agent	the above named corporate the above named co	[] [] [] [] [] []	ith and accept the ol	bligations of Sectio		113/8-	٢	

11. I certify that I am an officer or director or the receiver or rustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution as 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR