

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
01 4312
Name: Harris
Secretary of State
DIVISION OF CORPORATIONS

142
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 12:49

DOCUMENT # **P00000030501**

1. Corporation Name

NEW YORK CUTTINGS CORPORATION

Principal Place of Business

Mailing Address

**6140 N.W. 74TH STREET
MIAMI FL 33166**

**6140 N.W. 74TH STREET
MIAMI FL 33166**



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/2000

5. FEI Number

65-0995894

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	REYES, ANDRES	6140 N.W. 74TH STREET AVE	MIAMI FL 33166
			900004655329--4 -10/26/01--01067--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYES, ANDRES

6140 N.W. 74TH STREET AVE.

MIAMI FL 33166

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 the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-01/305-639-1907

CR2ED40 (8/01)

Secretary of State
Division of Corporations

10.12.01

~~New York Cuttings Corp.~~
6140 NW 74th Ave.
Miami FL 33166
Ph# 305 639 1907

To Whom It May Concern:

I Andres Reyes the owner of NY Cuttings Corp. attest that I never received Notice from the State, of my State Corporate tax bill.

As you can see the address is incorrect:

My correct address is 6140 NW 74th Ave NOT 74th Street.

I believe all penalties should be waved due to this error.

As per my conversation with a state representative, I am enclosing a check for \$150.00

I hope this settles this matter

PS. The States Form was received by me this time, only because of the Postman's' being familiar with my company's location .

Sincerely,



Andres Reyes
New York Cuttings Corp.