

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 27 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000053653

1. Corporation Name

On The Cutting Edge, Inc.

2. Principal Office Address

4737 Durham Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip
33417

Country

USA

3. Mailing Office Address

4737 Durham Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip
33417

Country

USA

800027654128
01/27/04--01017--025 **1050.00

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

65-1145177

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

DANIEL J. PEREIRA

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

122 Sarona Circle

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

REINSTATEMENT

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

Daniel J. Pereira

REGISTERED AGENT MUST SIGN

Date

1/22/04

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
<u>President</u>	<u>Daniel J. Pereira</u>	<u>122 Sarona Circle</u>	<u>Royal Palm Beach, FL 33411</u>

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:

Daniel J. Pereira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/04
Date

Daytime Phone #

561-818-3356
Daytime Phone #

CR2E081 (10/02)

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