

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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ATX1

06 JAN 03 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000112463

1. Corporation Name

SPORTS CUTTZ INC

2. Principal Office Address

400 N. PINE HILLS RD STE 1

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32811

Country

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

52-2360091

☒ 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

CAROLYN WRIGHT

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

400 N. PINE HILLS RD STE 1

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

Wright

Date

12/1/2005

REGISTERED AGENT MUST SIGN

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
CEO	CAROLYN WRIGHT	400 N PINE HILLS RD STE 1	ORLANDO, FL. 32811

\$350.00
Apply

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in 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)(f), 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.

K. Eckel JAN 03 2006

SIGNATURE:

Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/2005

Date

(407) 822-7640

Daytime Phone #

Price Accounting Firm, Inc 2/2

12/1/05

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
TALLAHASSEE, FLORIDA

Price Accounting Firm, Inc.

To Whom It May Concern,

This letter is to inform you that Sportz Cuttz Inc., did not receive the annual corporate report form. The corporation expired, and the corporation annual report was not mailed to the current shareholder. The current shareholder was not aware of the Annual Report and, the address of record was not updated, thus the current shareholder did not inquire about the report. Due to these facts we are asking that you wave the reinstatement fee. Enclosed is a check for the outstanding amount due over a period of one years.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Price Accounting Firm, Inc.

Wright
Carolyn Wright

Julius Price
Julius Price
Price's Accounting Firm Inc.

RECEIVED
05 DEC 28 PM 5:01
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA