

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000009672**

1. Corporation Name

XTREME CUTS, INC.

102
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

13371 SW 42nd St.

Suite, Apt. #, etc.

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3. Mailing Office Address

13371 SW 42nd St.

Suite, Apt. #, etc.

—

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

2003 UBR *

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

71-0871964

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Caridad Hernandez

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

49 NW Blvd.

8006122754798

03/01/03--01020--003 **150.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

Date

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
Pres	Caridad Hernandez	49 NW Blvd.	Miami, FL 33126
VP	Hector L. Garcia	14819 SW 82nd St. Miami, FL	Miami, FL 33193
T	Orlando L. Hernandez	51 NW Blvd.	Miami, FL 33126

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:

Hector L. Garcia

9/2/03 (305)227-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FL. Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

August 20, 2003

Ref.: Doc. Number: P02000009672

Dear Sir or Madam,

At the beginning of this year, I mailed to you, once signed a form received from you and a Money Order in the amount of \$150.00 which as advised should have to be paid before May 1st. However, I have just received an advise asking me to pay \$550.00 (\$400.00 late fee) as if the above mentioned \$150.00 have not be paid yet.

Unfortunately I am unable to find the Money Order purchaser's receipt to claim refund of it and I do not know certainly whether the M/O was received or not by you together with the signed form.

I just called to your (850) 245-6056 explaining the above and following instructions received I am enclosing herewith a check for \$150.00. I was told that if you finally find the payment by M/O you will refund it to me.

Please let me have your confirmation that my Corporation has been renewed.

Yours faithfully,

Hector L. Garcia
Vicepresident

