

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000043164**

1. Corporation Name

**FASTCUTS INC.**

Principal Place of Business

PO BOX 1270  
LOXAHATCHEE FL 33470

Mailing Address

PO BOX 1270  
LOXAHATCHEE FL 33470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/19/2002**

5. FEI Number

**75-3046661**

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)

Title(s)  
1

Name of Officers  
and/or Directors  
2

Street Address of Each  
Officer and/or Director  
3

City / State / Zip  
4

**D GOMEZ, GERMAN PO BOX 1270**

**LOXAHATCHEE FL 33470**

**000024821310**  
**11/19/03--01008--010 \*\*150.00**

8. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name

**German Gomez**

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

**360 R.P.B. Blvd**

Suite, Apt. #, Etc.

City

**Royal Palm Bch**

State

**FL**

Zip Code

**33411**

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/5/03**

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:

**German Gomez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/5/03 561-722-3903**  
Date Daytime Phone #

**FILED**  
**03 NOV 19 AM 8:43**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

**03**

CR2EQ40 (7/03)

**FASTCUTS INC.  
P.O. BOX 1270  
LOXAHATCHEE, FL 33470  
561-798-2622**

November 5, 2003

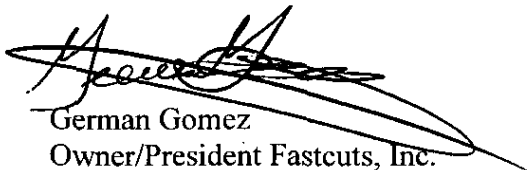
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement

To whom it may concern:

It is with regret, I am writing this letter to inform the state that I never received the annual <sup>(GO)</sup> 2003 UBR. As a new business owner I was not aware to look for this form. I have enclosed the fee of \$150.00 for the reinstatement of Fastcuts, Inc. I apologize for the inconvenience this has caused.

Sincerely yours,

  
German Gomez  
Owner/President Fastcuts, Inc.