

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

03 OCT 13 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075424

1. Corporation Name

MONSTER CUTS, INC.

Principal Place of Business

Mailing Address

4440 METRIC DR., SUITE E
WINTER PARK FL 32792

4440 METRIC DR., SUITE E
WINTER PARK FL 32792



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

2488 EAST MICHIGAN ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2488 EAST MICHIGAN ST
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
- To Do Business in Florida

07/10/2002

5. FEI Number

90 0044432

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
PD	BURNS, RICHARD	4440 METRIC DR., SUITE E	WINTER PARK FL 32792
VD	TOBIN, SCOTT	4440 METRIC DR., SUITE E	WINTER PARK FL 32792
STD	TOBIN, TERESA	4440 METRIC DR., SUITE E	WINTER PARK FL 32792

900023770199
10/14/03--01010--014 **750.00

8. Name and Address of Current Registered Agent

TAYLOR, JOHN A
1325 W. COLONIAL DR.
ORLANDO FL 31804

SCOTT TOBIN
2488 EAST MICHIGAN ST
ORL FL 32806

9. Name and Address of New Registered Agent

Name

SCOTT TOBIN

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

2488 EAST MICHIGAN STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32806

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-10-03

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:

SIGNATURE REQUIRED
SCOTT TOBIN

Date

10-10-03

Daytime Phone #

CR2E040 (7/03)