

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

REINSTATEMENT 03

DOCUMENT # P02000110561

1. Corporation Name

TIGGERS CUTTING, INC.

Principal Place of Business

116 S. RIVERSIDE DR. #403
POMPANO BEACH FL 33062

Mailing Address

116 S. RIVERSIDE DR. #403
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2751 NE 26 TER

Suite, Apt. #, etc.

2751 NE 26 TER

City & State

Boca Raton, FLA.

City & State

Boca Raton, FLA.

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2002

5. FEI Number

05-0535753

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	PENA, RAFAEL	116 S. RIVERSIDE DR. #403	POMPANO BEACH FL 33062
P/D	PENA RAFAEL	2751 NE 26 TER	BOCA RATON FL, 33431

8. Name and Address of Current Registered Agent

PENA, RAFAEL
116 S. RIVERSIDE DR. #403
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

PENA RAFAEL

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

2751 NE 26 TER

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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 1-2-04

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-04.

Daytime Phone #

CR20040 (7/03)

Att, Tina Roberts:

As a result of not having received the original/second notice
uniform business report (UBR) and, our new change of
address I failed to make payment on my yearly renewal. I am
requesting that you please waiver my fee for the year of 1993.
And forgive my oversight in this matter. A check of \$308.75
has already been received by your department.

Sincerely yours

"Tiggers' Cutting Inc." Rafael Pena

A handwritten signature in cursive script that reads "Rafael Pena". The signature is fluid and stylized, with the first and last names clearly legible.