


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> PC2000112637			
<b>1. Corporation Name</b> AAA CUTTING EDGE, INC			
<b>2. Principal Office Address</b> 2049 SW 44th Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2049 SW 44th St. Suite, Apt. #, etc.	
<b>City &amp; State</b> GAINESVILLE, FL.		<b>City &amp; State</b> GAINESVILLE	
<b>Zip</b> 32608	<b>Country</b> ALACHUA	<b>Zip</b> 32608	<b>Country</b> ALACHUA

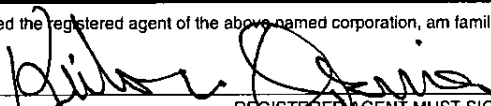
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

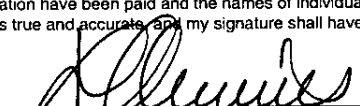
**REINSTATEMENT** 03-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10-18-2002	<b>Applied For</b> <input type="checkbox"/>
<b>5. FEI Number</b> 56-2302367	<b>Not Applicable</b> <input type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> KEILOR ORVIS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2049 SW 44th Street	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> Gainesville	<b>State</b> FL
<b>Zip Code</b> 32608	

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 8-24-04
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D/P	KEILOR ORVIS	2049 SW 44th STREET	GAINESVILLE, FL. 32608
D/S	LACENE ORVIS	19469 Pinetree Drive	Teguesta, FL. 33469

<b>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.</b>	
<b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b> 8-24-2004 <b>Daytime Phone #</b>

CR2E081 (01/04)

2 of 2

FILED

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**KEILOR ORVIS**  
**2049 SW 44<sup>th</sup> Street**  
**Gainesville, Fl. 32608**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

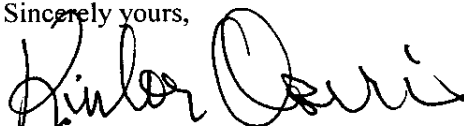
August 25, 2004

Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, Fl. 32300

Dear Sir;

Enclosed is the Corporation Reinstatement for AAA Cutting Edge, Inc. I did not receive the Florida Annual returns. Please waive the Reinstatement fee. I am enclosing a check in the amount of \$300. Please send a certified status in the Fed Ex prepaid enclosed.

Sincerely yours,



Keilor Orvis