

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126134

1. Corporation Name

CUTTING EDGE CARPENTRY, INC.

REINSTATEMENT 03

500025406025
12/11/03 - 01011--001 **758.75

2. Principal Office Address

4328 TIMOR PLACE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34241

Country

US

3. Mailing Office Address

4328 TIMOR PLACE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34241

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/02

5. FEI Number

06-1661817

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRENT J. MYERS, CPA

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

3859 BEE RIDGE ROAD

Suite, Apt. #, Etc.

101

City

SARASOTA

State

FL

Zip Code

34233

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

Brent J. Myers CPA
REGISTERED AGENT MUST SIGN

Date 12/4/03

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
<u>D</u>	<u>REILLY, SCOTT A.</u>	<u>4328 TIMOR PLACE</u>	<u>SARASOTA, FL 34241</u>

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT REILLY

Date

12-4-03

Daytime Phone #

941-378-3389