

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000127204

**1. Corporation Name**

Cutting Edge Designs of SW Florida, Inc  
Designs

**2. Principal Office Address**

16314 Estuary Court

Suite, Apt. #, etc.

**City & State**

Bokeelia, Fl.

**Zip**

33922

**Country**

Lee

**3. Mailing Office Address**

16314 Estuary Court

Suite, Apt. #, etc.

**City & State**

Bokeelia, Fl.

**Zip**

33922

**Country**

Lee

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

01/10/03

**5. FEI Number**

02-0654491

**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**

Rosemary Peters

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

16314 Estuary Court

**Suite, Apt. #, Etc.**

**City**

Bokeelia

State  
**FL**

Zip Code  
**33922**

**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

*Rosemary Peters*

REGISTERED AGENT MUST SIGN

Date

10/9/03

**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
P	Rosemary Peters	16314 Estuary Court	Bokeelia, Fl. 33922

**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:**

*Rosemary Peters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

877-282-4048

Daytime Phone #

CR2E081 (10/02)

21 10/15

Cutting Edge Designs of SW Fl , Inc.  
16314 Estuary Court  
Bokeelia , Florida 33922

Division of Corporations

P.O. Box 6327

Tallahassee , Florida 32314

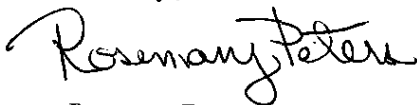
October 8 , 2003

To Whom it may Concern ,

I did receive a notice in January regarding an annual report & phoned back then , spoke with an agent about not having an annual report to make since the corporation was effective as of January 1 , 2003 .

It seems that there was a miscommunication in this matter as I believed all of my fees were paid in full . I never received a second notice in this matter otherwise I would have addressed the issue immediately as I am now . I phoned , again , today & was told to mail you a check for \$150.00 along with this letter to resolve this issue . I am adding \$8.75 for certificate of status .

Sincerely ,

A handwritten signature in cursive script that reads "Rosemary Peters". The signature is written in dark ink and is positioned above the printed name.

Rosemary Peters