

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 27 AM 10:37

DOCUMENT # P 04 0000 16263

1. Corporation Name

CUTTING EDGE CUSTOM TRIM, INC

W07-60644

2. Principal Office Address - No P.O. Box #

1246 PALISADES DR

Suite, Apt. #, etc.

3. Mailing Office Address

1246 PALISADES DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip

32221

Country

USA

Zip

32221

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-04

5. FEI Number

200627987

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

LONNIE J MCDANIEL

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

1246 PALISADES DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32221

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Lonnie McDaniel

Date 12/05/07

REGISTERED AGENT MUST SIGN

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
BD	Lonnie Jay McDaniel	1246 Palisades Dr. Jacksonville, FL	Jacksonville, FL 32221
S	Kimberly L. McDaniel	1246 Palisades Dr.	Jacksonville FL 32221
		900112985039	
		12/10/07--01024--014 **308.75	
		REINSTATEMENT 06-08	
		900112985039	
		03/06/08--01013--009 **750.00	

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 contained in Chapter 119, 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:

Lonnie McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/07 (904) 465-4411

Date

Daytime Phone #