

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000093361

FILED
Sep 10, 2008
Secretary of State

Entity Name: CUTTER DEVELOPMENT CORPORATION

Current Principal Place of Business:

3030 SW 28TH STREET
MIAMI, FL 33133 US

New Principal Place of Business:

4285 SW MARTIN HIGHWAY
PALM CITY, FL 34990 US

Current Mailing Address:

3030 SW 28TH STREET
MIAMI, FL 33133 US

New Mailing Address:

PO BOX 590
PALM CITY, FL 34991 US

FEI Number: 86-1108648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, GARY
3020 SEMINOLE STREET
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ALEXANDER, GARY D
4285 SW MARTIN HIGHWAY
PALM CITY, FL 34990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY D. ALEXANDER

09/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, SUSAN
Address: PO BOX 330175
City-St-Zip: MIAMI, FL 33233 US

Title: VP (X) Delete
Name: LEWIS, SUSAN
Address: PO BOX 330175
City-St-Zip: MIAMI, FL 33233 US

Title: SECR (X) Delete
Name: LEWIS, SUSAN
Address: PO BOX 330175
City-St-Zip: MIAMI, FL 33233 US

Title: TREA (X) Delete
Name: LEWIS, SUSAN
Address: PO BOX 330175
City-St-Zip: MIAMI, FL 33233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: LEWIS, SHANNON
Address: PO BOX 590
City-St-Zip: PALM CITY, FL 34991 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON LEWIS

P, S

09/10/2008

Electronic Signature of Signing Officer or Director

Date