

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000100396

FILED  
Nov 10, 2005  
Secretary of State

Entity Name: CUTTING EDGE CONSTRUCTION & DESIGN, INC.

**Current Principal Place of Business:**

19001 NW 23RD AVENUE  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

19001 NW 23RD AVENUE  
MIAMI, FL 33056

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REESE, SONYA  
2230 NW 152ND TERRACE  
OPA LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

REESE, SONYA  
540 NW 165 STREET ROAD  
312  
MIAMI, FL 33169 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: SONYA M. REESE

11/10/2005

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: REESE, SONYA  
Address: 19001 NW 23RD AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: VP ( ) Delete  
Name: REESE, SONYA  
Address: 19001 NW 23RD AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: S ( ) Delete  
Name: REESE, SONYA  
Address: 19001 NW 23RD AVENUE  
City-St-Zip: MIAMI, FL 33054

Title: T ( ) Delete  
Name: REESE, SONYA  
Address: 19001 NW 23RD AVENUE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: SONYA REESE

P

11/10/2005

Electronic Signature of Signing Officer or Director

Date