

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG 21 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000113155

1. Corporation Name

RAPICUT, Inc.

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

4761 SW, 146 CT

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33175

Country

Dade

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2004

5. FEI Number

26-0740346

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

Arley Buron

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

4761 SW, 146 CT

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33175

☒ 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

[Signature]

Date

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
Pd.	Arley Buron	4761 SW, 146 CT	Miami, FL 33175

REINSTATEMENT 06-07

B 8/2/07

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08/21/07 01000 000 ***000.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #