

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 19 AM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000156331

1. Corporation Name

CUTTER EDGE OF PALM BEACH, INC.

200106417832
07/19/07--01060--004 **450.00

REINSTATEMENT

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

1975 SO. MILITARY TR

Suite, Apt. #, etc.

3. Mailing Office Address

1975 SO. MILITARY TR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

Zip

33415

Country

U.S.A.

Zip

33415

Country

U.S.A.

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

11/16/2004

5. FEI Number

20-1907632

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

ARACELIS OU MARTINEZ

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

5687 DEWBERRY WAY

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

☒ 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

Aracelis Ou Martinez

REGISTERED AGENT MUST SIGN

Date

7/16/07

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/T	ARACELIS OU MARTINEZ	5687 DEWBERRY WAY	WEST PALM BEACH, FL 33415
VP/S	FELIX TIBURCIO	1191 ESSEX DR.	WELLINGTON, FL 33414

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:

Aracelis Ou Martinez

ARACELIS OU MARTINEZ

Date

07/16/07

Daytime Phone #

(561) 432-1969

2082

July 6, 2007

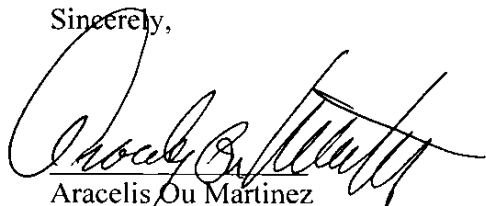
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Cutter Edge of Palm Beach, Inc.
P04000156331
Reinstatement

To Whom It May Concern:

Enclosed find check for \$450.00 to pay for the 2005, 2006 & 2007 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,



Aracelis Ou Martinez
President