

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 19 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 AR  
DOCUMENT # P06000086091

1. Corporation Name

Xtreme Cut III Corp

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

13917 SW 66 ST

Suite, Apt. #, etc.

3. Mailing Office Address

13917 SW 66 ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33183

Country

USA

Zip

33183

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

56-2599260

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

Jackeline C. Leon

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

14819 SW 82 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

☒ 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

Jackeline C. Leon

Date 5/14/09

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
<u>Pres</u>	<u>Jackeline C Leon</u>	<u>14819 SW 82 ST</u> <u>Mia FL 33193</u>	<u>Mia FL 33193</u>
<u>VP</u>	<u>Hector Leon</u>	<u>14819 SW 82 ST</u>	<u>Mia FL 33193</u>

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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:

Jackeline C. Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/09

Daytime Phone #

305 387 5491

5/19/09