

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -7 AM 9:19

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P070000 76181
1. Corporation Name Selective CUT Inc

2. Principal Office Address - No P.O. Box #
11303 SW 81st Rd
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 565028
Suite, Apt. #, etc.

City & State
Pinecrest; FL
Miami; FL

Zip 33156
Country Dade
Zip 33256028
Country Dade

200137736252
11/07/08--01016--002 **158.75
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 05/29/2007

5. FEI Number 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 James T Giffen II

Street Address (P.O. Box Number is Not Acceptable)
11303 SW 81st Rd
Suite, Apt. #, Etc.

City Pinecrest FL
State FL
Zip Code 33156

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** 10/29/08
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
President	JAMES T GIFFEN II	11303 SW 81st Rd	Pinecrest FL 33156

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]* JAMES T GIFFEN II 10/29/08 786-3820801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #