

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 96-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P95000055589

1. Corporation Name

CUTLER POINSETTIAS, INC.

97 JUL 28 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

24500 S.W. 167th Avenue
Homestead, FL 33031

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
24500 SW 167th Avenue

3. New Mailing Office Address, if Applicable
24500 SW 167th Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0595895

Applied For

Not Applicable

City & State

City & State

Homestead, FL
Zip **33031** Country **USA**

Homestead, FL
Zip **33031** Country **USA**

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JOHN MCGLYNN	20320 Belaire Dr.	Miami, FL 33187

~~500002255315-5~~
~~08/01/97-01032-008~~
~~****923.75 ****923.75~~

REINSTATEMENT

96-97
A. Alan
7/28/97

8. Name and Address of Current Registered Agent

JOHN MCGLYNN
20320 Belaire Drive
miami, FL 33187

9. Name and Address of New Registered Agent

Name

same as current

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John McGlynn
REGISTERED AGENT MUST SIGN

Date 7-14-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-97 245-3238

CR2040 (12/96)