PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION. **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P95000055589 DOCUMENT#

1. Corporation Name

CUTLER POINSETTIAS, INC.

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal P	ace of Business	Mailing Add	Mailing Address			~ /			
24500 S.W.	167TH AVENUE	24500 S.W. 1	24500 S.W. 167TH AVENUE						
HOMESTEAD FL 33031		HOMESTEAD	HOMESTEAD FL 33031			6 			
,					-0-100	STATEM	ENT	10-0L	
/ If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DIVIEM	irta i 7		
			ailing Office Address, If Applicable			orated or Qualified			
			Cuite. And H. de			To Do Business in Florida 07/17/1995			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State)	City & State	City & State			65-0595895		Not Applicable	
Zip Country		Zin	Zip Country		6.	-	\$8.75 Additi	onal Fee required	
			000	,	CERTIFICATE	OF STATUS DESIRED [for a Certi	ficate of Status	
7. Names a	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corpora	itions must list at lea	st 3 directors)				
Title(s)	Name of Officers e(s) and/or Directors 2		Street Address of Each Officer and/or Director 3			City / State / Zip			
D	MCGLYNN, JOHN		20320 BELAIRE DRIVE			MIAMI FL 33187			
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						米海市来 (12-17	.00 ***	*(50 <u>.11)</u>	
								,	
8. Name and Address of Current Registered Agen					9. Name and A	and Address of New Registered Agent			
				Name					
MCGLYNN, JOHN				Street Address (9	O Day Number	io Not Assentable			
20320 BELAIRE DRIVE				Street Address (P.O. Box Number					
MIAMI FL 33187				Suite, Apt. #, Etc.		-			
			City State Zip Code FL			de			
10. I, being	appointed the registered agent of the a	bove named corpo	oration, am familiar wi	th and accept the ob	oligations of Section	-	•	-	
Signature of Registered	Agent X STA	TURE		NRED :		Date 2.1	18-20	11	
		REGISTERED	ENT MUST SION		,	5510	*- -		
44 4 17									
this rein	that I am an officer or director or the rec statement application, the reason for dis	solution has been	eliminated, the corpo	rate name satisfies	the requirements	of section 607.0401 or	617.0401, F.S.,	that all fees	
	the corporation have been paid and the application is true and accurate, and my					rer section 119.07(3)(i)	, r.s. The infor	nation indicated	
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SIGNATURE: