

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. L. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN -9 7 11 8:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062210

1. Corporation Name

SOLE PROVIDER OF CUTLER RIDGE, INC.

Principal Place of Business

20505 S. DIXIE HWY
SUITE 883
MIAMI FL 33189
US

Mailing Address

~~10911 TAFT ST.~~
PEMBROKE PINES FL 33026
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2730 SW 117 AVE

DAVIE, FL

33330

USA

REINSTATEMENT

97-990

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1995

5. FEI Number

APPLIED FOR

65-0671334

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 PD	2 WELCH, PAMELA	3 U.S. 1 & FLORIDA TURNPIKE #883 2730 SW 117 AVE	4 MIAMI FL 33189 DAVIE FL 33330 000002905320--4 -06/15/99--01070--034 ****500.00 ****500.00 000002905320--4 -06/15/99--01070--035 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

WELCH, PAMELA
~~10911 TAFT ST.~~
PEMBROKE PINES FL 33026

same -
new
address

9. Name and Address of New Registered Agent

Name

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

2730 SW 117 AVE

Suite, Apt. #, Etc.

DAVIE

City

State

Zip Code

FL

33330

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

REGISTERED AGENT MUST SIGN

Date

6.1.99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

THERE IS NO OWED
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

PAMELA WELCH

Date

Daytime Phone #

6.1.99
954.236.5699

CR2E040 (8/97)