

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -4 PM 2:13

DOCUMENT # 097000003949

1. Corporation Name

Hollands Cutting Edge Inc
2000 COSTA VERDE CT.
NAVARRE, FL 32564

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

2000 COSTA VERDE CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAVARRE

City & State

Zip

FI

Country

32564

Zip

Country

500162489785

11/04/09--01024--001 **150.00
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-15-1997

5. FEI Number

59-3422598

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

Cory Holland

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

2000 COSTA VERDE CT.

Suite, Apt. #, Etc.

City

NAVARRE FL

State

FL

Zip Code

32564

☒ 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

Cory T. Holland

REGISTERED AGENT MUST SIGN

Date

10-29-09

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
PR	Cory Holland	2000 COSTA VERDE CT	NAVARRE FL 32564

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:

Cory T. Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-09

Daytime Phone #

850-257-3039