

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000027658

1. Entity Name
CUSTOM CUTTINGS INC.



Principal Place of Business
**P.O. BOX 351134
JACKSONVILLE, FL 32225**

Mailing Address
**CUSTOM CUTTING INC.
P.O. BOX 351134
JACKSONVILLE, FL 32225**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

FILED
05 MAR 29 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232005 REIN P CR2E098 (6/04)
REINSTATEMENT
Applied For
 Not Applicable
59-3451180
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUSH, DON
16052 PUSKITA TRAIL
JACKSONVILLE, FL 32218**

7. Name and Address of New Registered Agent
Name **LOW S. Doehne**
Street Address (P.O. Box Number is Not Acceptable)
14333 Boney Rd
City **Jacksonville** FL Zip Code **32226**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** (Registered Agent) DATE **3-15-05**

Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUSH, DON 16052 PUSKITA TRAIL JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete REYNOLDS, ALVIN R JR 523 W 62 ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300050093833 04/07/05--01014--003 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** President DATE **3-15-05** 904-422-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #