

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent BUSH, DON 16052 PUSKITA TRAIL JACKSONVILLE, FL 32218	
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03232005 REIN-P	CR2E098 (6/04)
REINSTATEMENT	Applied For
59-3451180	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	LON S. Doehe
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] (NOTE: Registered Agent signature required when reinstating) DATE: 3-15-05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, DON	NAME	300050093833
STREET ADDRESS	16052 PUSKITA TRAIL	STREET ADDRESS	04/07/05--01014--003 **\$900.00
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, ALVIN R JR	NAME	
STREET ADDRESS	523 W 62 ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

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



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REINSTATEMENT
59-3451180

\$945