PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036918

1. Corporation Name

CUTTY ENTERPRISES, INC.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
2396 Mangrum Drive	2396 Mangrum Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, Florida	City & State: Dunedin, Florida
Zip: 34698 Country: USA	Zip: 34698 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/97

5. FEI Number: 59-3451605 ☐ 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: Gennaro Montesanti

Street Address (P.O. Box Number is Not Acceptable): 2396 Mangrum Drive

Suite, Apt. #, Etc.:

City: Dunedin State: FL Zip Code: 34698

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: _____ Date: 01/15/01

REGISTERED AGENT MUST SIGN

CR2E031 (9/99)

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
D	Gennaro Montesanti	2396 Mangrum Drive	Dunedin, FL 34698
			AD

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 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: _____ 01/15/01

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

(((H01000075464)))

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)229-6553

P6D 99-4793

CORPORATION REINSTATEMENT

CUTTY ENTERPRISES, INC.

Certificate of Status	0
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