

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN -2 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098685

1. Corporation Name

CLEAR CUT EDITORIAL, INC.

Principal Place of Business

707 NW 135TH COURT  
MIAMI FL 33182

Mailing Address

13800 SW 8TH ST  
STE 337  
MIAMI FL 33184  
US

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

2. New Principal Office Address, If Applicable

6639 BROKEN BOW DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ANTIOCH TN

City & State

Zip

37013

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1997

Sp

5. FEI Number

65-0800992

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HIGGINGS, JAMES J	707 NW 135TH COURT	MIAMI FL 33182
		6639 BROKEN BOW DR	ANTIOCH, TN 37013

000003533700--5  
-01/11/01--01103--015  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

HIGGINS, JAMES J  
707 NW 135TH COURT  
MIAMI FL 33182

9. Name and Address of New Registered Agent

Name

Higgins, James J

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

13800 SW 8th ST #337

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/29/00

11. 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]* JAMES J HIGGINS

12/29/00

Date

Daytime Phone #

615-941-4616

CR2E040 (8/00)