

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 MAY -2 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067314

1. Corporation Name

CUTTING EDGE INVESTMENTS, INC.

Principal Place of Business

2708 EAST HANNA AVENUE
TAMPA FL 33610

Mailing Address

2708 EAST HANNA AVENUE
TAMPA FL 33610



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

2. New Principal Office Address, If Applicable

5284 35th AVENUE NORTH
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5284 35th AVENUE NORTH
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1998

5. FEI Number

Applied For

59-3539835

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SWARTZ, TIM	2708 EAST HANNA AVENUE 5284 35th AVENUE NORTH	TAMPA FL 33610 St Petersburg FL 33710
		200003255892-4 -05/17/00--01067--009 ****550.00 ****550.00	200003255892-4 -05/17/00--01067--007 ****150.00 ****150.00
		REINSTATEMENT	

8. Name and Address of Current Registered Agent

BARNES, ROBERT L JR.
2655 MCCORMICK DRIVE
CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

200003255892-4

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 5-1-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00
Date

727-525-1519
Daytime Phone #

CR2E040 (8/99)