

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 11 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000038008**
1. Corporation Name **THE CUTTY SARK INCORPORATED**

2. Principal Office Address
10401 ALICE M CT.

Suite, Apt. #, etc.

City & State
PORT RICHEY FL

Zip
34668

Country
USA

3. Mailing Office Address
10401 ALICE M CT.

Suite, Apt. #, etc.

City & State
PORT RICHEY FL

Zip
34668

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **5-8-99**

5. FEI Number
65-0916635

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$3.75** Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL BRODERICK

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

10401 ALICE M. CT.

Suite, Apt. #, Etc.

City

PORT RICHEY FL

State

FL

Zip Code

34668

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 **Paul Broderick**

Date

REGISTERED AGENT MUST SIGN

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
P	PAUL BRODERICK	10401 ALICE M CT	PORT RICHEY FL 34668

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: **Paul Broderick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)