

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000057637

1. Corporation Name

Cutting Edge Gear, Inc.

700003493027--4
-12/11/00--01025--006
****750.00 ****750.00

2. Principal Office Address

1900 Glades Rd

Suite, Apt. #, etc.

101

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Office Address

1900 Glades Rd

Suite, Apt. #, etc.

101

City & State

Boca Raton, FL 33431

Zip

33431

Country

USA

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida

6/25/99

5. FEI Number

650987060

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

Guy P. Franstin

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

1900 Glades Road

Suite, Apt. #, Etc.

Suite 101

City

BOCA RATON

State

FL

Zip Code

33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/22/00

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	Vincent Carbone	1900 Glades Rd, Suite 101	Boca Raton, FL 33431
D	Jake Steingart	1900 Glades Rd, Suite 101	Boca Raton, FL 33431
D	Randy Watts	1900 Glades Rd, Suite 101	Boca Raton, FL 33431

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. **KE**

SIGNATURE:

[Signature]

Vincent Carbone

Date

11/22/00

Daytime Phone #

561-756-0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)