

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 AUG 30 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000085969

1. Corporation Name

CUTC, INC.

Principal Place of Business

13421 BRIDGEFORD ROAD
BONITA SPRINGS FL 34135

Mailing Address

13421 BRIDGEFORD ROAD
BONITA SPRINGS FL 34135

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

2. New Principal Office Address, If Applicable

~~1730 S.E. 47th TERRACE~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~1730 S.E. 47th TERRACE~~

Suite, Apt. #, etc.

4. Date Incorporated or Qualified

To Do Business in Florida

09/29/1999

5. FEI Number

59-3599948

Applied For

Not Applicable

City & State

CAPE CORAL FLORIDA

City & State

CAPE CORAL FLORIDA

Zip

33904

Country

USA

Zip

33904

Country

USA

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BILL SHAYNE	1730 S.E. 47th TERR	CAPE CORAL FL 33904
VP	DON GRANGER	1730 S.E. 47th TERR	CAPE CORAL FL 33904
S	RALPH RICHARD	1730 S.E. 47th TERR	CAPE CORAL FL 33904
			300004571533-8
			-09/06/01-01020-011
			***341.25 ***341.25
			09-12-00 90014 LS05 \$558.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL-33134

9. Name and Address of New Registered Agent

Name: RALPH P. RICHARD
Street Address (P.O. Box Number is Not Acceptable): 1730 SE 47th
Suite, Apt. #, Etc.: 6900 24 DANIELS PARKWAY
City: FORT MYERS State: FL Zip Code: 33904

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

Ralph P. Richard

Date 3/21/01

REGISTERED AGENT MUST SIGN

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:

Ralph P. Richard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

941-945-8420

Daytime Phone #