

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 15 PM 12:08

DOCUMENT # **P99000098460**

1. Corporation Name

IN THE CUT, INC.

2. Principal Office Address

4290 PALM AVE

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33012

Country

DADE

3. Mailing Office Address

4290 PALM AVE

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33012

Country

DADE

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/1999

5. FEI Number

65-0960766

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

JOHNNY A. Centeno

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

1100 W 79ST

Suite, Apt. #, Etc

APT # A 3

City

Hialeah

200004336642-4

05/31/01 -- 01084 -- 008

******900.00 ****900.00**

State
FL

Zip Code

33014

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

JOHNNY A. Centeno

REGISTERED AGENT MUST SIGN

Date

4/1/01

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
DP	JOHNNY A. CENTENO	1100 W 79ST	Hialeah, FL 33014

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:

JOHNNY A. Centeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

305-698-3664

Daytime Phone #