

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S02985

1. Corporation Name

SUNCUTTER'S INC.

2. Principal Office Address

15430 S.W. 31ST STREET

Suite, Apt. #, etc.

NONE

City & State

DAVIE, FLORIDA

Zip

33331

Country

BROWARD

3. Mailing Office Address

P.O. BOX 268431

Suite, Apt. #, etc.

NONE

City & State

WESTON, FLORIDA

Zip

33326

Country

BROWARD

REINSTATEMENT 96-04

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number
650224957

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

MICHAEL S. KASPER

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

15430 S.W. 31ST STREET

Suite, Apt. #, Etc.

NONE

City

DAVIE

State
FL

Zip Code
33331

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 10/27/2004

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	MICHAEL S. KASPER	15430 S.W. 31ST STREET	DAVIE, FLORIDA 33331

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/2004 (954) 394-8574

Date

Daytime Phone #

CF2E081 (01/04)

OCTOBER 27, 2004

MR. MICHAEL S. KASPER
SUNCUTTER'S INC.
15430 S.W. 31ST STREET
DAVIE FLORIDA 33331

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

ATTN: TO WHOM THIS MAY CONCERN,

RE: PENALTY ON CORPORATION REINSTATEMENT RELIEF

TO WHOM IT MAY CONCERN:

THIS LETTER IS REFERENCE TO SUNCUTTER'S INC, CORPORATION DOCUMENT # S02958. WE WENT TO PURCHASE A TRUCK ON OCTOBER 27, 2004 FOR THE CORPORATION AND WAS INFORMED THAT THE CORPORATION NO LONGER EXISTED. WE DID NOT RECEIVE ANY LETTERS OR CANCELATION NOTICES TO DATE REGARDING THIS MATTER. WE CONTACTED THE STATE OF FLORIDA DIVISION OF CORPORTIONS FOR THE PROPER PROCEDURES TO RESOLVE THIS MATTER. AS A RESULT OF SPEAKING WITH THE DIVISION OF CORPORTIONS, WE ARE RESPECTFULLY REQUESTING THAT YOU GRANT US RELIEF BY WAIVING THE REINSTATEMENT PENALTY.

THANKING YOU IN ADVANCE FOR YOUR ANTICIPATED RELIEF OF THIS MATTER.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT MICHAEL S. KASPER
(954) 382-0170 OR (954) 394-8574.

RESPECTFULLY,


MICHAEL S. KASPER
SUNCUTTER'S INC. PRESIDENT

CC; AK/MSK