

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V69334

1. Corporation Name

CUTTER COVE DEVELOPMENT CORP.

Principal Place of Business

**1253 PARK STREET
CLEARWATER FL 34616**

Mailing Address

**1253 PARK STREET
CLEARWATER FL 34616**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

5. FEI Number

59-3162633

Applied For

Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	RYAN, JOHN M	134 ADELAIDE STREET E., SUITE 30 69 John St. South Suite 310	TORONTO, ONTARIO, CANADA HAMILTON, ONTARIO, CANADA
D	RYAN, JOHN M	134 ADELAIDE STREET E., SUITE 30 69 John St. South Suite 310	TORONTO, ONTARIO, CANADA HAMILTON, ONTARIO, CANADA
			7000002769417--E -02/09/99--01054--010 ****750.00 ****750.00
			7000002769417--E -02/09/99--01054--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**WARD, R. CARLTON
1253 PARK STREET
CLEARWATER FL 34624**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date: **1/27/99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John M. Ryan

1/27/99 905 777 9800
Date Daytime Phone #

CR2E040 (9/98)