

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 AUG 30 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 796000048883

1. Corporation Name

Creative Labs, Inc.

2. Principal Office Address

350 Camino Gdms Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

Country

33432

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-7-96

5. FEI Number

65-0699146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee for Use
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

200003391542-0

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

1200 South Pine Island Road

-09/13/00--01056--014

***900.00 ***900.00

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Barbara A Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date 8-23-2000

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Ira Smolev</u>	<u>2494 S. Ocean Blvd. #A-3</u>	<u>Boca Raton, FL 33432</u>

REINSTATEMENT 99-00

[Handwritten Signature]

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)(j), 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

IRA SMOLEV

Date

8/21/00

561 362-6715

Daytime Phone #