

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**OLIVER**  
 REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 29 PM 5:03

DOCUMENT # **P99000057538**

1. Corporation Name  
**CREATIONS PRODUCTIONS AND MANAGEMENT GROUP, INC.**

Principal Place of Business	Mailing Address
5055 COLLINS AVENUE, #1F MIAMI BEACH FL 33140	5055 COLLINS AVENUE, #1F MIAMI BEACH FL 33140



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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/23/1999
City & State	City & State	5. FEI Number
Zip	Country	65-0936839
		Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
P	<del>OPMR</del> , CARMEL T OPHIA	5055 COLLINS AVE	MIAMI BCH FL 33140

000004685060--8  
 -11/16/01--01046--014  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
OPHIR, CARMEL 5055 COLLINS AVENUE, #1F MIAMI BEACH FL 33140	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/24/01  
 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: *[Signature]* **SIGNATURE REQUIRED** Date 10/24/01 (305) 861-3995  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)

**C**reations  
production & management group

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

October 24, 2001

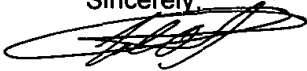
To Whom It May Concern:

I recently received a notice of administrative dissolution or revocation. I was quite surprised, since I had not received the initial 2001 annual report application, nor a warning letter informing me of this penalty. I called your administrative offices and they instructed me to write to you explaining the situation.

I am enclosing a check for \$150.00, which is the original amount due for the Annual Report fee and Corporate Supplemental fee. I hope this clears up any miscommunication.

Thank you.

Sincerely,



Carmel Ophir