

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 21 AM 11:51

DOCUMENT # 430842

1. Corporation Name

CREATIVE IMAGES BY EL-MAX, INC.

Principal Place of Business

Mailing Address

2400 N W 68TH TERRACE  
GAINESVILLE FL 32606  
US

KATHY CURRY  
3025 KINGS WAY ROAD  
SEFFNER FL 33584  
US

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

07/19/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1170036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

32606

Alachua

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAME-WOOD, ELAINE	2400 NW 68 TER	GAINESVILLE FL
VP	DAME, MAX	2400 N W 68TH TERRACE	GAINESVILLE FL 32606
ST	WHITE, KATHY	302 S. KINGSWAY ROAD	SEFFNER FL 33584

500003523685-5  
-01/04/01--01093--019  
\*\*\*158.75 \*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURRY, KATHY  
3025 KINGS WAY ROAD  
SEFFNER FL 33584

Name

ELAINE Wood Dame

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

2400 NW 68 TER

Suite, Apt. #, Etc.

GAINESVILLE, FL

City

State

Zip Code

FL

32602

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

Elaine Wood Dame

Date 11/3/2000

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.

AD

SIGNATURE:

Elaine Wood Dame

11/3/2000

352-377-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)