

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
	2400 NW 68 TER GAINESVILLE, FL	07/19/1973
Suite, Apt. #, etc.	City & State	5. FEI Number
		59-1170036
City & State	Country	Applied For
		Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
32606	Alachua	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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

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***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: GAINESVILLE, FL State: FL Zip Code: 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: 11/3/2011

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: Elaine Wood Dame Date: 11/3/2011 Daytime Phone #: 352-377-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)

AD