

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FS0000001884**

1. Corporation Name

Creative Mix Inc.

2. Principal Office Address - No P.O. Box #

1515 Broadway

Suite, Apt. #, etc.

City & State

New York

Zip

10036

Country

USA

3. Mailing Office Address

1515 Broadway

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10036

Country

USA

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/24/2005

5. FEI Number

20-2486677

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State

FL

Zip Code

32801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Amanda Roath

**Amanda Roath
As its agent**

Date

07-07-08

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
			100132349261
	Please see attached Exhibit A		
		RH	
	REINSTATEMENT		

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 contained in Chapter 119, 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:

Jane R. Fuerst

Jane R. Fuerst - Asst. Sect.

6/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Creative Mix Inc.

Directors:

Thomas E. Dooley	1515 Broadway, New York, New York 10036
Michael D. Fricklas	1515 Broadway, New York, New York 10036
James E. Barge	1515 Broadway, New York, New York 10036

Principal Officers:

Judy McGrath	President	1515 Broadway, New York, New York 10036
Michael D. Fricklas	Executive Vice President and Secretary	1515 Broadway, New York, New York 10036
George S. (Toby) Nelson	Senior Vice President and Treasurer	1515 Broadway, New York, New York 10036
Jane R. Fuerst	Assistant Secretary	1515 Broadway, New York, New York 10036



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 636201 4319220

AUTHORIZATION :

COST LIMIT : \$ 1050.00

RECEIVED
08 JUL -7 PM 12:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : July 3, 2008

ORDER TIME : 10:15 AM

ORDER NO. : 636201-065

CUSTOMER NO: 4319220

REINSTATEMENT

NAME: CREATIVE MIX INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS

RH