

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 22 PM 3: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|---|--------------------------------------|--|--|--|--|
| DOCUMENT # F96006004453 | | | | | |
| 1. Corporation Name CREATIVE PROMOTIONS, INC | | | | | |
| REINSTATEMENT 97-99 | | | | | |
| Principal Place of Business 688 SARANAC DRIVE WINTER SPRINGS, FL 32708 | | Mailing Address 688 SARANAC DRIVE WINTER SPRINGS, FL 32708 | | | |
| 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 AUGUST 29, 1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 56-1939250 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Country | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip | | |
| PRES | KENNETH H. HOGUE | 688 SARANAC DRIVE | WINTER SPRINGS, FL 32708 | | |
| SECRETARY | REGINA S. HOGUE | 688 SARANAC DRIVE | WINTER SPRINGS, FL 32708 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8. Name and Address of Current Registered Agent | | | 9. Name and Address of New Registered Agent | | |
| | | | Name ANGELA BUCHANAN | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 1044 WHITTIER CT. | | |
| | | | Suite, Apt. #, Etc. | | |
| | | | City ORLANDO | | |
| | | | State FL Zip Code 32765 | | |
| 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 Angela Buchanan REGISTERED AGENT MUST SIGN Date 2/3/99 | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30, 1998 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax) | | | | | |
| 12. 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: Kenneth H. Hogue KENNETH H. HOGUE 2/3/99 407-365-8488 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |