

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 FEB -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

800117247728
02/06/08--01/04--009 **1050.00
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # 1488166

1. Corporation Name

CARRHEATED CREATIONS, INC.

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

4706 DOGWOOD ST.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLA

Zip

33880

Country

3. Mailing Office Address

4706 DOGWOOD ST.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLA

Zip

33880

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/85

5. FEI Number

39-3015631

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

MIRIAM CARRILL LUBIN

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

4706 DOGWOOD ST.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33880

☒ 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

Miriam Carrill Lubin

Date 12/3/08

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
P	GARY LUBIN	4706 DOGWOOD ST.	WINTER HAVEN, FLA 33880
V	VICTOR GROSS	597 MAXIMIA AVE.	SEBING, FLA 33875
S	MIRIAM LUBIN	4706 DOGWOOD ST.	WINTER HAVEN, FLA 33880

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:

Gary Lubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/08

Date

863-291-4771

Daytime Phone #

2/6/09