

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 18 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-06

DOCUMENT # **J80634**

1. Corporation Name

EDMAR CREATIONS, INCORPORATED

2. Principal Office Address

1095 JUPITER PARK DR

Suite, Apt. #, etc.

#12

City & State

JUPITER, FL

Zip

33458

Country

US

3. Mailing Office Address

1095 JUPITER PARK DR

Suite, Apt. #, etc.

#12

City & State

JUPITER, FL

Zip

33458

Country

US

E. Peterson JAN 18 2006
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1987

5. FEI Number

59-2840772

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

WILLS, JOSEPH

400065563734

02/10/06--01012--005 **2400.00

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

1095 JUPITER PARK DR.

Suite, Apt. #, Etc.

#12

City

JUPITER

State

FL

Zip Code

33458

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

Joseph Wills
REGISTERED AGENT MUST SIGN

Date

1/12/06

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
PD	WILLS, JOSEPH A.	1095 JUPITER PK DR	JUPITER, FL 33458
VD	CHIAT, IRVING L.	1095 JUPITER PK DR	JUPITER, FL 33458
SD	WILLS, MARJORIE J.	1095 JUPITER PK DR	JUPITER, FL 33458
TD	CHIAT, EDNA R.	1095 JUPITER PK DR	JUPITER, FL 33458

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:

JOSEPH A WILLS
Joseph Wills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/06

Daytime Phone #

561-744-2900