

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01/02
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03302

1. Corporation Name

KREATIVE KLASSE, INC.

2. Principal Office Address

4211 RIVER HILLS DR.

Suite, Apt. #, etc.

TAMPA, FLA.

City & State

Zip

33617

County

HILLSBOROUGH

3. Mailing Office Address

4211 RIVER HILLS DR.

Suite, Apt. #, etc.

TAMPA, FLORIDA

City & State

Zip

33617

County

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/87

5. FEI Number

59-2861285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

05-23-019184027 \$158.75

7. Name and Address of Current Registered Agent

200005763462-6

Name

BIRDIE F. SIMPSON, PRESIDENT

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

4211 RIVER HILLS DRIVE

TAMPA, FLORIDA

City

State

FL

Zip Code

33617

06/12/02-01068-005

***150.00 ***150.00

150.00-AR only

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

Birdie F. Simpson

Date

4/25/02

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
PRESIDENT	BIRDIE F. SIMPSON	4211 RIVER HILLS DRIVE	TAMPA, FLA. 33617
VICE-PRES	TONY BACOT-JONES	306 SUTTING HILL PLACE	CATONSVILLE MD. 21228
BUS. MANAGER	PERRY SULLIVAN	4211 RIVER HILLS DRIVE	TAMPA, FLA. 33617

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 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:

Birdie F. Simpson

Date

4/25/02

Signature Phone #

813/988-0477