

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50085

1. Corporation Name

CREATIVE CLADDINGS, INCORPORATED

2. Principal Office Address

16637 INDIAN MOUND RD

3. Mailing Office Address

16637 INDIAN MOUND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33618

Country

USA

Zip

33618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2923684

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

WADE ENTZMINGER

Street Address (P.O. Box Number is Not Acceptable)
16637 INDIAN MOUND RD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33618

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

Wade D. Entzinger
REGISTERED AGENT MUST SIGN

Date 2/05/04

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
PRES	WADE ENTZMINGER	16637 INDIAN MOUND RD	TAMPA, FL 33618

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:

Wade D. Entzinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/05

Date

813-960-5099

Daytime Phone #

CR2E081 (01/04)

CREATIVE CLADDINGS, INCORPORATED

16637 Indian Mount
Tampa, Florida 33618

February 04, 2004

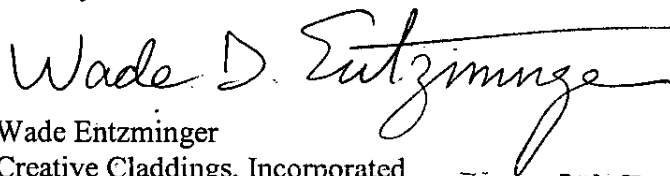
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

When my accountant went to download the 2004 Corp Annual Report, she noticed that my corporation had been dissolved back in 2002. I changed accountants back then and I do not recall ever receiving any notices (Renewals or Dissolutions). You will also notice that my address is different. Maybe this is the reason I haven't received anything.

Enclosed you will find a reinstatement and a check in the amount of \$450.00. This check will cover 2002, 2003 & 2004. Due to the above, will you please waive all penalties and interest?

Thank you,



Wade Entzminger
Creative Claddings, Incorporated