PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR .
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPOLATION

97 OCT 28 AM 9: 16

DIVISION OF CORPORATIONS

L16906 DOCUMENT # 1. Corporation Name

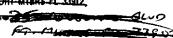
CHERUB CREATIONS, INC.

Principal Place of Business

Malling Address

6241 A METRO PLANTATION RD. FORT MYERS FL 83912

6841-A-METRO-PLANTATION-RD. FORT-MYERS EL 33912





2035 COLUMNIC AND 2. 26			r and anners men ermin melle immen ment mint mint mint mint mint mint mint mi			
FA MULTINEST 907 FA MULTINEST 378 M			278027			
If above addresses are incorrect in any way, line the	rough incorrect in	formation and enter	correction below.	100	0/29	
2. New Principal Office Address, If Applicable	COULALBUD 2035 COLOUIAL BU			Date Incorporated or Qualified To Do Business in Florida 09/19/1989		
Sulte, Apt. #, etc. Suite		uite, Apt. #, etc.			5. FEI Number Appl	
		City & State			65-0151043	Not Applicable
7 in Country 7 in		Country			- \$8.7	5 Additional Fee required
33907	3390	7		CERTIFICAT	E OF STATUS DESIRED	or a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors 2	0		reet Address of Each fficer and/or Director Ise Post Office Box Numbers)		City / State / Zip	
JOFFE, ALLEN 6001 DEE		6001 DEER RUN	JN		FT. MYERS FL 33908	
1				5	00002333 -10/29/97 ****750.00	2252 01125001 ****750.00
8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Registered A	Agent
Name			Name			, , , , , , , , , , , , , , , , , , , ,
JEFFE, ALLEN H			Street Address (P.O. Box Number is Not Acceptable)			
6001 DEER RUN			<u> </u>			
SUITE 1			Sulte, Apt. #, Etc.			
FORT MYERS FL 33912		City State Zip Code			Zip Code	
10. I, being appointed the registered agent of the about			ith and accept the ol	bligations of Sect		
Signature of Registered Agent	EGISTERED AG	ENT MUST SIGN	to describe the second		Date 10/24/97	
11. This corporation owes or he Intangible Personal Proper	as paid th ty tax due	e current ye June 30.	Yes L	No 🔯	on Intan	e for information gible tax.)

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:

941-275-6669