


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 1997-2004				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N34498</b>					
1. Corporation Name <b>Character Creations, Inc.</b>					
2. Principal Office Address <b>301 United Ct.</b>			3. Mailing Office Address <b>301 United Ct.</b>		
Suite, Apt. #, etc. <b>Suite 4</b>			Suite, Apt. #, etc. <b>Suite 4</b>		
City & State <b>Lexington, KY</b>			City & State <b>Lexington, KY</b>		
Zip <b>40509</b>	Country <b>Fayette</b>	Zip <b>40509</b>	Country <b>Fayette</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>Oct. 4, 1989</b>	
5. FEI Number <b>59-2966480</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Kenneth A. Dorey</b>					
Street Address (P.O. Box Number Is Not Acceptable) <b>1329 Ryan Lane</b>					
Suite, Apt. #, Etc.					
City <b>West Palm Beach</b>				State <b>FL</b>	Zip Code <b>33411</b>
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 <b>Kenneth A. Dorey</b>				Date <b>2/24/04</b>	
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	
Pres.	<b>Roger Fields</b>	<b>1004 Woodshire Way</b>		<b>Lexington, KY 40515</b>	
V.P.	<b>Tamara Fields</b>	<b>1004 Woodshire Way</b>		<b>Lexington, KY 40515</b>	
Tr./Sec.	<b>Terra Harrison</b>	<b>105 Greentree Dr.</b>		<b>Nicholasville, KY 40394</b>	
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: <b>Roger Fields</b>		<b>2/24/04</b>		<b>859.273.4760</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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