PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

CORPORATION FLOR		FLORIDA DEPART	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		O4 DEC 20 AM IO: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corpora	JMENT # P00000002835 Bion Name CREATIONS, INC.							
	I Office Address	3. Mailing Office Address 2699 STIRLING R	Office Address RLING ROAD		rat	EMENT o	2-04	
Suite, Apr. A), etc.	Suite, Apt. #, etc. SUITE B-206	UITE B-206		4. Date Incorporated or Qualified To Do Business in Florida 1/03/99			
FORT L	AUDERDALE	City & State FORT LAUDERDALE		5. FET Number Applied For 65-0990448 Not Applicable				
zip 33312	Country US	Zip 33312	Country US	G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fed required for a Certificate of Status		onal Fee required		
7. Name and Address of Current Registered Agent								
	Name RONALD. D. SCHAIN, CPA Street Address (P.O. Box Number is Not Acceptable) 2699 STIRLING ROAD Suite, Apt #, Etc. SUITE B-206 City FORT LAUDERDALE State Zip Code FL 33312							
							CH2E081 (01/04)	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprolii 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			
VP	MINDY S. GUTTENTAG	2699 8	2699 STIRLING RD., STE B-206		FT. LAUDERDALE, FL. 33312		3312	
Р	STACEY H. RUDNICK	2699 \$	2699 STIRLING RD., STE B-206		FT. LAUDERDALE, FL. 33312		3312	
				Wkei D	91 12/20	00043538 0/040107202	3935 0 **450.00	
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 thing this reinstatement application, the reason for dissolution has been eliminated, the corporate name sellisfes the requirements of section 607 0401 or 617.0401. F.S. that all ties 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 if true and accurate, and my signature shall have the same legal effect as if made under eath. SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Days Days Prone #								

M ♥ S Creations, Inc.

21000 Boca Rio Road, Suite A-14 Boca Raton, Florida 33433 (561) 558-2882 (561) 558-2883 fax www.MandSCreations.com MandSCreations@aol.com

December 17, 2004

Department of State Division of Corporations Corporate Filings 409 East Gaines Street Tallahassee, Florida 32399

Ladies and Gentlemen:

Please find enclosed M and S Creations, Inc.'s fully executed Application for Corporate Reinstatement for your review and processing. Also enclosed, is a check to the order of the Department of State, Division of Corporation in the amount of \$450.00 representing the fee to file the annual report for 2002, 2003, and 2004.

Please note that the reason why M and S Creations, Inc. did not file its annual report was because it never received any notice from the Division of Corporations regarding the report. Accordingly, M and S Creations, Inc. respectfully requests that the Divisions of Corporations waive any reinstatement fees.

Should you have any questions or comments regarding the above please do not hesitate to contact me at the phone number or address above.

Sincerely,

Mindy 5. Guttentag President for M and S Creations, Inc.