

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000018458

1. Corporation Name CREATIVE PATIOS, INC

2. Principal Office Address

560 SE 23<sup>rd</sup> Ave #1

Suite, Apt. #, etc.  
1

City & State

Pompano Bch, FL

Zip

33062

Country

USA

3. Mailing Office Address

560 SE 23<sup>rd</sup> Ave #1

Suite, Apt. #, etc.  
1

City & State

Pompano Bch, FL

Zip

33062

Country

USA

**REINSTATEMENT** 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/00

5. FEL Number (65.0982698)

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

CYN Spiegel & Utrera, P.A.

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

1840 Coral Way

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

Signature of

Registered Agent By: [Signature]

REGISTERED AGENT MUST SIGN

Date

1/26/05

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
<u>President</u>	<u>Cynthia Sirianani</u>	<u>560 SE 23<sup>rd</sup> Ave #1, Pompano Bch, FL</u>	<u>Pompano Bch, FL 33062</u>
<u>Vice</u>	<u>Cleber Sirianani</u>	<u>560 SE 23<sup>rd</sup> Ave #1,</u>	<u>Pompano Bch, FL 33062</u>

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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:

Cynthia Sirianani  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/05 (954) 822-3135  
Daytime Phone #