PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smikh

Secretary of State

DIVISION OF CORPORATIONS

P00000027538 DOCUMENT

1. Corporation Name

CREATIVE DESIGNS BY SHERRI, INC.

Principal Place of Business

Mailing Address

0107

Suite, Apt. #, etc.

10315 N.W. 20TH COURT -CORAL SPRINGS FL 22071

Suite, Apt. #, etc.

10315 N.W. 20TH COURT

GORAL SPRINGS FL 33071

3. New Mailing Office Address, If Applicable

If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable

Date Incorporated or Qualified To Do Business in Florida

03/17/2000

FEI Number

FILED

02 DEC 10 PM 3:45

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

CR2E040 (8/02)

				65-1003590			Applied For	
Cynol	C-SPLINGS FL- RIX	& State EAL-SPLING	-SPLINGS FL-		00-1000090			
zip 33	065 Country DWARD Zip.	33065 B	POWARD	CERTIFICATE	OF STATUS DESIRED	\$8:75-Addition	nal Fee required icate of Status	
7. Names	and Street Addresses of Each Officer and/or Dire	-		ast 3 directors)				
Title(s)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director			City / State / Zip		
D	CARTOSSA, SHERRI	10315 N.W. 2 1941 B	OTH COURT SCIDGEWO	OD DRIV	CORAL SPRINGS		FL	
							3433	
				50 11/15/	000901 02-0101100	3355 04 **150	.00	
				50 12/13/	000901 02-0104300	3355 34 **600	.00	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
SCHWARTZ, JAY A			Name					
2801 UNIVERSITY DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
SUITE 205 CORAL SPRINGS FL 33065			Suite, Apt. #, Etc.					
~~, ~ ,	2 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 -		City			State Zip Cod	le	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

11. 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.