PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000029656 DOCUMENT

1. Corporation Name

CREATIVE POCKETS, INC.

Principal Place of Business

Mailing Address

864 MARY'S PARK PLACE WINTER GARDEN FL 34787 864-MARY'S PARK-PLACE-WINTER GARDEN FL 34787 FIFT

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SECRETAL / OF STATE FALLAHASSEE, FLORIDA



REINSTATIVIENT 03 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable To Do Business in Florida 03/23/2000 5. FFI Number Applied For 59-3633582 Not Applicable \$8.75 Additional Fee required

Countr

CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 864-MARY'S PARK PLACE WINTER GARDEN FL 34787 PD HERZOG, MASON 2808 PENNACLE WINDERMERE. OCOEE FL 32761 279 LAURENBURG LN. **VPTD** HALES, WAYNE F 279 LAURENBURG LN. OCOEE FL 32761 **VPSD** HALES, JAADA H OCOEE FL 32761 279 LAURENBURG LN. VPD YOUNG, JENNIFER H POCATELLO ID 83201 **VPD** PINCOCK, STACY H 1515 EASTRIDGE DR., #55

8. Name and Address of Current Registered Agent Name 2601 Technology DR MUNNS, RULON Street Address (P.O. Box Number is Not Acceptable) 250 NORTH ORANGE Suite, Apt. #, Etc. ORLANDO FL 32802 700024982477 11/24/03--01097--014state*fzl5c6d50 City

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

Date 11/24/03

9. Name and Address of New 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 filling 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



November 21, 2003

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I recently received the notice in the mail that Creative Pockets, Inc. has be dissolved/revoked. This came as quite a shock to me! I called the Department of State, and with the help of a friendly state employee we eventually determined why this action occurred.

In late February 2003, Creative Pockets moved from 864 Mary's Park Place, Winter Garden, FL to 2808 Pinnacle Ct, Windermere, FL. Your employee advised me to send in this request to waive the \$500 penalty, and to include the application and a check for \$150. I have updated the address for the principal place of business and mailing address, and would greatly appreciate it if you would waive the \$500 penalty!

If you have questions, please contact me at:

Creative Pockets, Inc. Attn: Mason R. Herzog – President 2808 Pinnacle Ct. Windermere, FL 34786

407-295-5730

Thank you for expediting the reinstatement of Creative Pockets, Inc.

President

Creative Pockets, Inc.