

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000030829

1. Entity Name  
CRADLES TO CREATIVITY, INC.

W09-10875



FILED

09 MAR 25 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1577 SUNSET STRIP  
SUNRISE, FL 33313

Mailing Address  
1577 SUNSET STRIP  
SUNRISE, FL 33313

2. Principal Place of Business - No P.O. Box #  
1577 Sunset Strip

3. Mailing Address  
same

City & State  
Sunrise Florida

City & State  
Sunrise Florida

Zip  
33313

Country  
U.S.A.

Zip  
33313

Country  
U.S.A.



6. Name and Address of Current Registered Agent  
CHUCK MOGBO, P.A.  
2800 W. OAKLAND PARK BOULEVARD  
SUITE 209  
OAKLAND PARK, FL 33311

4. FEI Number  
65-0994797

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Not / Applicable  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: 3/2/09

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RINEY, LAURA 1849 NW 58TH AVENUE LAUDERHILL, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

REINSTATEMENT

RH

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	000145147230 03/06/09--01027--016 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	03/23/09 - 01045 - 008 16000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] DATE: March 2, 2009

(954) 731-9806

**Cradles to Creativity Inc,**  
**1577 Sunset Strip**  
**Sinrise FL, 33313**  
**Phone (954) 731-9806**  
**Fax (954) 731-2625**

**Florida Department of State**  
**Divisions of Corporation**

**March 5, 2009**

To whom it may concern:

**Tax id # 65-0994797**

We are requesting a reinstatement of the abovementioned Corporation at this time. The reason for the request is due to the fact that we did not receive the annual report notice and of such we are requesting the waiver of the reinstatement fees.

Thanking you in advance



**Laura Riney\_President**