

07/14/2004

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CCRS → 2050384

NO. 467

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000074106 1. Corporation Name INTELLICREATE, INC.			
2. Principal Office Address 5475 Enclave Crossing Way		3. Mailing Office Address SAME	
Suite, Apt. #, etc. Apt. T-5		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State	
Zip 33484	Country USA	Zip	Country
4. Date (addition or Cancellation) To Be Business in Florida 08/03/2000		5. FBI Number 651061662	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent Name Myra J. Whitmore Street Address (P.O. Box Number is Not Acceptable) 5475 Enclave Crossing Way Suite, Apt. #, etc. Apt. T5 City Delray Beach			
8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent <i>(Signature)</i> Date 6-2-4 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations may list at least 3 directors)			
Type	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	Myra J. Whitmore	5475 Enclave Crossing Way, #T-5	Delray Beach, FL 33484
VP	Beth Greger	2291 Linter Ridge Circle 85	Delray Beach, FL 33483
10. I certify that I am an officer or director of the corporation or trustee empowered to execute the 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 corporation meets the requirements of section 607.0601 or 617.0601, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form are not guilty for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the effect of an affidavit as if made under oath.			
SIGNATURE <i>(Signature)</i>		Date 6-2-4 5617631393 (Reverse Page)	

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5475 Enclave Crossing Way T-5
Delray Beach FL 33484

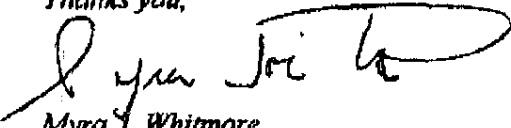
Intellicreate Inc.

June 2, 2004

Corporation Reinstatement
P.O.Box 6327
Tallahassee, Florida 32314
Reference: Reinstatement of Corporation

To Whom It May Concern: My name is Myra J Whitmore and I am the president of Intellicreate Inc. I never received my annual reports for the years 2003 or 2004. Please waive the penalty and except my payment for the reinstatement. Should you have any questions please contact my accountants at 561-305-0091. I thank you for your assistance.

Thanks you,



Myra J. Whitmore
President

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

01164.28062

CORPORATION REINSTATEMENT

INTELLICREATE, INC.

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