

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000099051**

1. Corporation Name

**CREATIVE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~7196 COUNTY RD. 651~~

~~7196 COUNTY RD. 651~~

~~BUSHNELL FL 33513~~

~~BUSHNELL FL 33513~~

**4330 Bessemer Rd.  
Brooksville, Florida 34602**

**4330 Bessemer Rd.  
Brooksville, Florida 34602**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**4330 Bessemer Rd.**

**4330 Bessemer Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Brooksville, Florida**

**Brooksville, Florida**

Zip

Country

Zip

Country

**34602**

**34602**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/19/2000**

5. FEI Number

**65-1051015**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>WESTBROOK, DEVIN S</b>	<del>7196 COUNTY RD. 651</del> <b>4330 Bessemer Rd.</b>	<del>BUSHNELL FL 33513</del> <b>Brooksville, FL 34602</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WESTBROOK, DEVIN S**

~~7196 COUNTY RD. 651~~

~~BUSHNELL FL 33513~~

**4330 Bessemer Rd.  
Brooksville, FL 34602**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11/21/02**

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/21/02 (352) 799-1259**  
Daytime Phone #

CR2ED40 (8/02)

**Creative Enterprises, Inc.**

4330 Bessemer Road  
Brooksville, Florida 34602

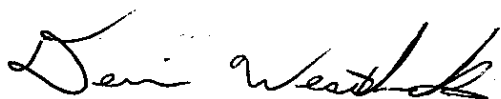
November 21, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

Creative Enterprises, Inc. did not receive the prior UBR notices.

Sincerely,

A handwritten signature in black ink, appearing to read "Devin Westbrook". The signature is fluid and cursive, with the first name "Devin" written in a larger, more prominent script than the last name "Westbrook".

Devin Westbrook  
President