

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

04 NOV 29 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000002433

1. Corporation Name PEZ CREATIONS 2001, INC.

2. Principal Office Address

6419 N. Paragua Circle
Suite, Apt. #, etc.

3. Mailing Office Address

6419 N. Paragua Circle
Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

34428

Country

Citrus

Zip

34428

Country

Citrus

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/08/01

5. FEI Number
59-3694656

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Handler, Alan

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

6419 N. Paragua Circle

Suite, Apt. #, Etc.

City Crystal River

State
FL

Zip Code
34428

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Alan Handler

Date 11-24-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Handler, Alan	6419 N. Paragua Circle	Crystal River, FL 34428

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10. 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:

Alan Handler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-04 795-9925

Daytime Phone #

CR2081 (01/04)