

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -2 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039057

1. Corporation Name

ROB M. CLINE CREATIVE SERVICES, INC.

000017876050
05/02/03--01049--012 **300.00

2. Principal Office Address

111 SW 6th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

111 SW 6th STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2001

5. FEI Number

65-1097332

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

ROBIN M. CLINE

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

111 SW 6th STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE,

State

FL

Zip Code

33301

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

Robin M. Cline
REGISTERED AGENT MUST SIGN

Date

4/28/03

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
DPVST	ROBIN M. CLINE	111 SW 6th STREET	FT. LAUDERDALE, FL 33301

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:

Robin M. Cline

ROBIN M. CLINE, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/03

Daytime Phone #

954-467-7200

X24

CR2E081 (10/02)

97 5/5

PROSAVVY, INC.

ACCOUNTING • BUSINESS CONSULTING
• CORPORATE FINANCE • TAX SERVICES
COMPLETE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

April 23, 2003

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Rob M. Cline Creative Services, Inc.
Document # P01000039057
2002---Uniform Business Report

Dear Madam /Sir:

We have been retained by the above referenced taxpayer.

Mr. Cline, president of Rob M. Cline Creative Services, Inc. did not receive a notice to file the 2002 Uniform Business Report.

Mr. Cline wants the corporation to remain active and is sending a completed Corporation Reinstatement form along with a check for \$300.00 made out to the Department of State. It is our understanding that this fee will reinstate his corporation and include the filing fee for the year 2003.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,



Kim Reiter, Client Services
Encl: Reinstatement form and check