PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smlth Secretary of State **DIVISION OF CORPORATIONS** P01000058107 **DOCUMENT #** 1. Corporation Name CREATIVE METALIZED PRODUCTS, INC. Principal Place of Business Mailing Address 3709-02 90018 OUZ \$150.4) are incorrect in any way, life through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 06/07/2001 Suite, Apt. #, etc. 5. FEI Number 65-11146 9 Applied For City & State \$8.75 Additional Fee requir CERTIFICATE OF STATUS DESIRED M 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PROGOSH, LAWRENCE 4309 JACKSON ST. HOLLYWOOD FL 400008885744 11/08/02--01029--001 **8.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PROGOSH, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 4309 JACKSON ST. HOLLYWOOD PL Suite, Apt. #, Etc. Zip Code State 10. 1, 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 PROJECT 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 807 or 617, F.S. I further certify that when filling 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 REQUIRED

SIGNATURE:



3101 S.W. 25TH STREET. #105 PEMBROKE PARK, FL. 33009 PH: (954) 893-7115 FAX (954) 893-7117 EMAIL-LYNDA_PROGOSH@HOTMAIL.

OCTOBER 22, 2002

DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATMENT SECTION TALLAHASSE, FL. 32314-6327

RE: REINSTATEMENT

DEAR SIRS.

AFTER SPEAKING WITH ONE OF YOUR REPRESENTATIVES THIS MORNING I AM WRITING AS INSTRUCTED TO HAVE OUR CORPORATION REINSTATED TO "ACTIVE STATUS" AND REINSTATEMENT FEES BE WAIVED.

BACK IN JUNE I CALLED YOUR OFFICE STATING THAT WE HAD A CHANGE IN ADDRESS AND THAT I HAD NOT RECEIVED THE APPORPIATE FORMS TO FILE. THEY THEN SENT THEM TO ME AND ON JULY 1, 2002 I FILED THE APPROPRIATE FORM ALONG WITH CHECK #1226 IN THE AMOUNT OF \$150.00

IN MY CONVERSATION THIS MORNING THE REPRESENTIVE STATED THAT THEY RECEIVED THE \$150.00 FEE BUT SENT A LETTER THE END OF JULY STATING THAT I DID NOT FILL IN THE BLOCK WITH THE FEI NUMBER. I DID NOT RECEIVE THIS LETTER AS IT ALSO WENT TO THE OLD ADDRESS. I ONLY RECEIVED THIS ADMINISTRATIVE DISSOLUTION OR REVOCATION BECAUSE I PERSONALLY CALLED THE PEOPLE AT THE OLD ADDRESS TO ASK IF THEIR WAS ANY MAIL. PLEASE MAKE SURE TO CORRECT THE ADDRESS TO OUR LETTERHEAD ADDRESS.

I AM ALSO SENDING YOU A CHECK IN THE AMOUNT OF\$8.75 TO RECEIVE A COPY FOR CERTIFICATE OF STATUS.

THANK YOU FOR TAKING CARE OF-THIS MATTER.

SINCERELY.

LYNDA PROGOSH CREATIVE METALIZED PRODUCTS