

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060725

1. Corporation Name

CREATIVE PRODUCTION GROUP, INC.

2. Principal Office Address

2416 LAKE ORANGE DRIVE

Suite, Apt. #, etc.

110

City & State

ORLANDO

Zip

32837

Country

USA

3. Mailing Office Address

2416 LAKE ORANGE DRIVE

Suite, Apt. #, etc.

110

City & State

ORLANDO

Zip

32837

Country

USA

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

06/19/2001

5. FEI Number

593725439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER L. KOZLOWSKI

Street Address (P.O. Box Number is Not Acceptable)
640 N. SEMORAN BLVD.

500035559555
05/06/04--01023--018 **900.00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

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

REGISTERED AGENT MUST SIGN

Date

4/5/04

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
P/S/D	RICHARD B. LANKFORD JR.	2416 LAKE ORANGE DRIVE / #110	ORLANDO, FLORIDA 32837
V/T/D	SHEKAR AIYER	2416 LAKE ORANGE DRIVE / #110	ORLANDO, FLORIDA 32837

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:

R. Bruce Lankford Jr. 4/ /04 407.942.0945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #