

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000071434**

1. Corporation Name

SO ME CREATIVE, INC.

2. Principal Office Address

18785 NW 62 AVE

Suite, Apt. #, etc.

103

City & State

MIAMI LAKES, FL

Zip

33017

Country

USA

3. Mailing Office Address

509 NEW LAKE DR

Suite, Apt. #, etc.

City & State

BOYNTON BCH, FL

Zip

33426

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-20-01

5. FEI Number

65-0946994

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

CLAUDETTE FREEMAN

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

509 NEW LAKE DRIVE

600056528256

Suite, Apt. #, Etc.

06/27/05 01000 016 **1200.00

City

BOYNTON BEACH

State

FL

Zip Code

33426

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

Claudette Freeman
REGISTERED AGENT MUST SIGN

Date **6-20-05**

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
PR/TR	EMILY FREEMAN	18785 NW 62 AVE - 103	MIAMI LAKES, FL 33017
VP	DOUG FREEMAN SR	18785 NW 62 AVE - #103	MIAMI LAKES, FL 33017
SECY	AUNIE BOWENS	800 NW 200 TERR.	MIAMI, FL 33169

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:

Emily Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-05

Date

305-628-4347

Daytime Phone #

CR20081 (01/05)