

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073058

1. Corporation Name

FLORIDA ISLAND CREATIONS INC.

Principal Place of Business

Mailing Address

3411 NE 12TH TERR.  
OAKLAND PARK FL 33334

3411 NE 12TH TERR.  
OAKLAND PARK FL 33334

REINSTATEMENT 23



200026028432

01/05/04 01059 029 \*\*150:00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2001

5. FEI Number

65-1126224

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NORMAN, CLAUDE ERIC	400 SW 7TH AVE., #8	FT. LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORMAN, CLAUDE ERIC  
400 SW 7TH AVE., #8  
FT. LAUDERDALE FL 33312

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, 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 of  
Registered Agent

*Claude E Norman*  
REGISTERED AGENT MUST SIGN

Date

12/29/03

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 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:

*Claude E Norman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/03 954  
709-3087  
Daytime Phone #

CR2E040 (7/03)

**Florida Island creations Inc.**

3411 northeast 12th terrace  
oakland park florida 33334  
USA

Phone 954-709-3087

December 26, 2003

DOCUMENT #: PO1000073058

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND THE COMPLETED APPLICATION FOR REINSTATEMENT  
AND A FILLING FEE OF \$150.00 FOR A FOR-PROFIT CORPORATION.

PLEASE NOTE THAT THE OFFICE OF FLORIDA ISLAND CREATIONS DID NOT  
RECEIVE PRIOR UBR NOTICES.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

KINDLY,

  
CLAUDE E. NORMAN  
PRESIDENT FLORIDA ISLAND CREATIONS