

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000076685**

1. Corporation Name

Kreative Kutz Inc

2. Principal Office Address

16561 NW 9th St

Suite, Apt. #, etc.

3. Mailing Office Address

16561 NW 9th St

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-3-01

5. FEI Number

01-0635464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SR.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Christopher Douglas

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

16561 NW 9th St

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-18-04**

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
D	Dean Barham	16561 NW 9th St	Pembroke Pines, FL
D	Berthann Williams	16561 NW 9th St	Pembroke Pines, FL
D	Christopher Douglas	16561 NW 9th St	Pembroke Pines, FL

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)(f), 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:

Dean Barham **Dean Barham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/04 **786-226-6801**

Date

Daytime Phone #

CR2E081 (01/04)