

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000079258

1. Corporation Name

CREATIONS BY SILK GARDEN, INC.

Principal Place of Business

3065 SOUTH FEDERAL HWY.  
DELRAY BEACH FL 33483

Mailing Address

3065 SOUTH FEDERAL HWY.  
DELRAY BEACH FL 33483

FILED

02 DEC 16 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

1450 SW 10th Street  
Suite, Apt. #, etc. Unit #6  
City & State Delray Beach, FL  
Zip 33483 Country U.S.A

3. New Mailing Office Address, If Applicable

6647 West Boynton Beach  
Suite, Apt. #, etc. Unit #17  
City & State Boynton Beach, FL  
Zip 33317 Country U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/2001

5. FEI Number

65-0713776

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DR	Tannous, Houssam	20 Heather Cove Dr	Boynton Beach, FL, 33436

600009519746  
12/16/02--01036--003 \*\*758.75

8. Name and Address of Current Registered Agent

TANNOUS, HOUSSAM  
3065 SOUTH FEDERAL HWY.  
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name Tannous- Houssam  
Street Address (P.O. Box Number is Not Acceptable)  
20 Heather Cove Dr  
Suite, Apt. #, etc. Boynton Beach, FL, 33436  
City Boynton Beach State FL Zip Code 33436

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/10/2002

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/2002

561-436-1674

CP2E040 (8/02)