APPROVED PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION
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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # P01000100420 1. Corporation Name								, FĂĪ.	CRETARY LAHASSE	E, FLOR	IDA .	
Cre	ative Tir	mes, Inc					r 4	p''''		فالمثنية المنته فسية		
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, · · · · · · · · · · · · · · · · · · ·			· ·	Office Address Bridge View Circle			7Y	17.		1 23		3.C
106	106 106			etor			4. Date incorp To Do Busin	orated or these in Flo	Qualified Ju	ıly 29,2	001	<u> </u>
City & State City & State Tampa, FL Tampa		Tampa,				5. FEI Number EIN 59-3741043			Applied Fo			
^{Zip} 33634	-6103	Country USA	Zip 33634-6	103	Country USA		6. CERTIFICATE	OF STATU	S DESIRED 🔲		itional Fee requ oficate of Stat	
			7. Na	me and A	ddress of Current	t Registered	Agent		. 111			
	Name J	ohn Jordan		•								
	Street Address (P.O. Box Number is Not Acceptable) 7311 Bridge View Circle											
	Suite, Apt	. #, Etc. 106										
	^{City} Tampa							State FL	Zip Code 33634-	6103		
8. I, being	appointed th	e registered agent of the	above named corpora	ation, am f	emiliar with and ac	cept the oblig	jations of sectio	n 607.050	5 or 617.0503	, F.S.	<u></u>	(10/02
Signature of Registered		felm Hil	REGISTERED AGE	NT MUST	SIGN			Date _	<u>57</u>	-03	·	CR2E081 (10/02)
9. Names	and Street A	ddresses of Each Officer	and/or Director (Flori	da nonpro	fit corporations mus	st list at least	3 directors)		##I ***********************************			
Titles	les Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
٥	D John Jordan			7311 Bridge View Cir. 106				Tampa, Fl. 33634-6103				

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:

John Jordan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-9-03

813-249-9141

Date

Daytime Phone #



Creative Times, Inc. John Jordan 7311 Bridge View Cir. 106 Tampa, FL 33634-6103 813-249-9141

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

May 9, 2003

Kathy Ashton,

Thank you for speaking with me on the phone today. As per our conversation I am sending a letter with my reinstatement application for my business, Creative Times, Inc.

EIN 59-3741043 Creative Times, Inc 7311 Bridge View Cir. 106 Tampa, FL 33634-6103

I did not receive the UBR in 2002 and requesting the waving all reinstatement fees. Your office already has the 150.00 from 2002 for reinstatement and now I am told I owe 150.00 for 2003 and will be completely up to date through January of 2004.

Included is a check for \$150.00 for 2003 as was explained to me over the phone.

Thank you again,

John Jordan

Enclosed are the check and reinstatement form.