

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102415

1. Corporation Name

NEONISM CREATIONS, INC.

Principal Place of Business

1865 JF KENNEY CSWY STE 4C
NORTH BAY VILLAGE FL 33141

Mailing Address

1865 JF KENNEY CSWY STE 4C
NORTH BAY VILLAGE FL 33141

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2001

5. FEI Number

03-6383198

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
D	MONTALVO, ANDRES E	1865 JF KENNEY CSWY STE 4C	NORTH BAY VILLAGE FL 33141

600009051376
11/18/02--01081--019 **150.00

8. Name and Address of Current Registered Agent

MONTALVO, ANDRES E
1865 JF KENNEY CSWY STE 4C
NORTH BAY VILLAGE FL 33141

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-04-02

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

11-4-02

Date

786-295-4238

Daytime Phone #

CR2E040 (8/02)

11-04-02

TO WHOM IT MAY CONCERN, MY NAME IS ANDRES MONTALVO-AND I ~~AM~~ PRESIDENT OF NEONISM CREATIONS INC. I HAVE NEVER USE THIS CORPORATION, BUT I WILL HOPEFULLY BE USEING IT IN THE YEAR TO COME. I NEVER HAD A CORPORATION BEFORE, BUT I HAVE NEVER RECIEVED ANY LETTERS. PLEASE ACCEPT MY APOLOGIES.


ANDRES MONTALVO