

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 OCT 21 AM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000109190*

1. Corporation Name

*CREATIVE WOOD & MHE, INC.*

2. Principal Office Address

*2431 RIVERLAND DRIVE*

Suite, Apt. #, etc.

City & State

*FT. LAUDERDALE, FL*

Zip

*33312*

Country

*USA*

3. Mailing Office Address

*2431 RIVERLAND DRIVE*

Suite, Apt. #, etc.

City & State

*FT. LAUDERDALE, FL*

Zip

*33318*

Country

*USA*

*05/20/02 90058 011 \$150.00*

4. Date Incorporated or Qualified  
To Do Business in Florida

*11/14/01*

5. FEI Number

*75-3037489*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*EVER CONTRERAS*

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

*2431 RIVERLAND DRIVE*

Suite, Apt. #, Etc.

City

*FT. LAUDERDALE*

State

*FL*

Zip Code

*33312*

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

REGISTERED AGENT MUST SIGN

Date *10-17-02*

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
<i>P.S.D</i>	<i>EVER CONTRERAS</i>	<i>2431 RIVERLAND DRIVE</i>	<i>FT. LAUDERDALE, FL 33312</i>

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10-17-02*

Daytime Phone #

*954*

*351-6989*

CR2E081 (9/01)

October 15, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Doc # P01000109190.  
Creative Wood & More, Inc.

Dear Sir or Madam,

We attempted to file a Fictitious Name Application but your records seem to indicate that this Corporation is inactive. Enclosed, please find a Corporate Reinstatement form for the above named Corporation, as instructed by your Reinstatement Office.

I have also enclosed a letter received from your office dated May 27, 2002, requesting that the federal identification number be filled in and the Corporate Annual Report be returned within 30 days. This was all done on a timely basis. There were no additional notices received stating that this Corporation was inactive. I have also enclosed a copy of the cancelled check for the annual fee of \$150 that was received and cashed by your office, also on a timely basis.

Please correct your records accordingly and waive any penalties associated with this error.

If you have any questions, please feel free to contact me.

Sincerely,



Steven J. Tyman, CPA  
Enclosures