

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044089

1. Corporation Name

LLANES CREATIVE POTS, INC.

2. Principal Office Address

391 WEST 49th STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

3. Mailing Office Address

391 WEST 49th STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

4. Date Incorporated or Qualified
To Do Business In Florida

04/23/02

5. FEI Number

41-2038031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

FERNANDO LLANES

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

391 WEST 49th STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

800041582858
10/04/04--01080--003 **300.00

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

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
DP	FERNANDO LLANES	391 WEST 49th STREET	HIALEAH, FL 33012

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/04

786 285 0783

CR2E081 (01/04)

LLANES CREATIVE POTS, INC.
391 West 49th Street
Hialeah, FL 33012

September 29, 2004

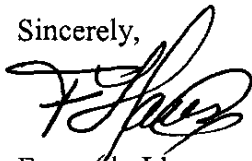
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Re: Document #P02000044089

I have been informed that my corporation, **Llanes Creative Pots, Inc.** is inactive for not paying the annual fee of \$150.00. However, I never received the bills or forms from the Florida Department of State to pay those fees. I am including a check for \$300.00 to pay the fees for the years 2003 and 2004. Finally, I am requesting to you to remove the penalties applied to my debt.

Sincerely,



Fernando Llanes
President