PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

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	RPORAT ISTATEM		Seci	EPARTMENT OF S cretary of State N OF CORPORATIONS	TATE	0 FA	13 DEC SEC清洁	29 AM I	11:59 TATE		
DOCUMENT # P0200054607 I. Corporation Name									MILIA		
Cre	ative	Images Drywa	lling Ser	vice, Inc.							
2. Principa	al Office Addre	réss	3. Mailing Office	3. Mailing Office Address			IAI	EME		03	
1405 14th_St. W.			1405 14t	1405 14th St. W.			E + 3.6. 1	The P. S. A. Service		والمراجي المسبد	- Careman
Suite, Apt.		<u> </u>	Suite, Apt. #, etc.					a managa ay a saka ay a			
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City & State			City & State	City & State					<u>5/14</u>	1	lied For
Palmetto; FL				Palmetto, FL			9505			├	Applicable
^{Zip} 34221			Zip 34221	Country Manatee	. [6. CERTIFICATE		S DESIRED 🔲	\$8.75 _₹ A ** for a	delilonal F Certificate	ලාලාල් ලාලාල් ලාලාල්
	<u></u>		7. Name	and Address of Current	t Registere	ed Agent			and the second		*
	Name										
		onza McNair									
	II	dress (P.O. Box Number is NOT 14th St. W			OUE	2581 ⁻	795				
	Suite, Apt.			12/29/	030	105701	() **	150.1	þ		
	044						Ctoto	75- 0-4-			
	City Pal	lmetto					State FL	Zip Code 3422	21	1	
B. I. beina	<u> </u>	ne registered agent of the abo	ove named corporation	n. am familiar with and acc	cept the obl	linations of section	n 607.050			<u>\</u>	
Bignature o		-11 101	· · · · · · · · · · · · · · · · · · ·		5 0 p	ilgadone ± .	n u s				
Registered	Agent	Elonge 110	C/lai	5			Date _	12-8	07	<u> </u>	
·			EGISTERED AGENT								
9. Names	and Street A	Addresses of Each Officer and	d/or Director (Florida r			st 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
P,D	Elonz	za McNair	14	05 14th St.	W.	Palmetto, FL 34221					
											
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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 TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elonza McNair, President

Daytime Phone #

Creative Images Drywalling Service, Inc. 1405 14th St. W. Palmetto, FL 34221

December 8, 2003

13.00

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

Enclosed is a completed corporation reinstatement for Creative Images Drywalling Service, Inc. When I went to file an election to be exempt at the workers' compensation office, they informed me that the corporation had been administratively dissolved for not mailing in the completed annual report form. I did not receive the 2003 annual report form notices in the mail. I am enclosing a check for \$150.

Please waive the reinstatement fee of \$600. Thank you for your assistance.

Sincerely,

Elonza McN

President