

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073628

1. Corporation Name

IMAGE CREATIONS ENTERPRISES, INC.

Principal Place of Business

13446 S.W. 68TH TERR.
MIAMI FL 33183

Mailing Address

13446 S.W. 68TH TERR.
MIAMI FL 33183

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

2. New Principal Office Address, If Applicable

3425 Collins Ave.
Suite, Apt. #, etc.
430

3. New Mailing Office Address, If Applicable

Same as #2
Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip 33140

Country USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2002

5. FEI Number

06-1639926

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
SD	VILLEGAS, PATRICIA	13446 S.W. 68TH TERR. 3425 Collins Ave. # 430	MIAMI FL 33183 / M.B. FL 33140

8. Name and Address of Current Registered Agent

VILLEGAS, PATRICIA

13446 S.W. 68TH TERR.
MIAMI FL 33183

3425 Collins Ave.
430
M.B. FL 33140

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 (30) 576-8888

CR2E040 (7/03)