

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000077615

1. Corporation Name

CREATIVE TECHNIQUES, INC.

Principal Place of Business

399 NE 98 ST
MIAMI SHORES FL 33138

Mailing Address

399 NE 98 ST
MIAMI SHORES FL 33138

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

170 NW 105 ST

170 NW 105 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

Zip

Country

33150

US

Zip

Country

33150

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2002

5. FEI Number

35-217 6647

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
DCEO	PUIG, LUIS R	399 NE 98 ST	MIAMI SHORES FL 33138
P	PUIG, LUIS R	399 NE 98 ST	MIAMI SHORES FL 33138

8. Name and Address of Current Registered Agent

PUIG, LUIS R
399 NE 98 ST
MIAMI SHORES FL 33138

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

Luis R. Puig
REGISTERED AGENT MUST SIGN

Date 10-27-03

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:

Luis R. Puig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03

Date

Daytime Phone #

FILED

03 NOV -3 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

200024381312
11/03/03 01068-020 **150.00

CR2E040 (7/03)

October 28, 2003

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

RE: Creative Techniques, Inc.
Document #: P02000077615

To Whom It May Concern:

I would like to apologize for failing to file my Annual Report/Uniform Business report. Being my first year in business I was not aware that this filing was required. In my defense, I would like to acknowledge that I did not receive the report needing to be filed. Please reinstate the corporation and I have included a check for \$150.00.

If any other documents are needed, please let me know.

Sincerely,



Luis Puig
President
Creative Techniques, Inc.
170 NW 105 Street
Miami Shores, FL 33150
786-302-8898