

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000084549**

1. Corporation Name
Creative Home Development Group, Inc.

9220 SW 72nd Street 101
Miami, Florida 33173

2. Principal Office Address 3. Mailing Office Address
9220 SW 72nd Street

Suite, Apt. #, etc. Suite, Apt. #, etc.
101

City & State City & State
Miami, Florida

Zip Country Zip Country
33173 USA

FILED
04 DEC -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/01/04--01039--001 **900.00
REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 08/05/2002

5. FEI Number 43-1970023 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
Hector Ramos

Street Address (P.O. Box Number is Not Acceptable)
9220 SW 72nd Street

Suite, Apt. #, Etc.
101

City State Zip Code
Miami FL 33173

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 *[Signature]* Date 11/30/2004
REGISTERED AGENT MUST SIGN

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
P	Hector Ramos	9220 SW 72nd Street	Miami, FL 33173
D	Alberto Azpurua	9220 SW 72nd Street	Miami, FL 33173
D	Pedro Nunez	9220 SW 72nd Street	Miami, FL 33173
			<i>[Signature]</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]* **HECTOR RAMOS** 11/30/2004 305-271-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)