

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084549

1. Corporation Name

Creative Home Development Group, Inc.

9220 SW 72nd Street
Miami, Florida

101
33173

2. Principal Office Address
9220 SW 72nd Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

Miami, Florida

City & State

Zip

33173

Country

USA

Zip

Country

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
Miami

State
FL

Zip Code
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

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

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:

Hector Ramos
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)