

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088029

**1. Corporation Name**

CREATIVE HORIZON, INC.

**2. Principal Office Address**

604 N.E. 9<sup>th</sup> Avenue

Suite, Apt. #, etc.

APT. 3-

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

USA

**3. Mailing Office Address**

604 N.E. 9<sup>th</sup> Avenue

Suite, Apt. #, etc.

SUITE 3

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/12/2002

**5. FEI Number**

04-3696128

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

ALANNA S. KIRKPATRICK

Street Address (P.O. Box Number is Not Acceptable)

604 N.E. 9TH AVENUE

Suite, Apt. #, Etc.

APT. 3

City

FT. LAUDERDALE

State

FL

Zip Code

33304

**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

*Alanna S. Kirkpatrick*

REGISTERED AGENT MUST SIGN

Date

11.22.2004

**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/D	JAMES R. KIRKPATRICK III	604 NE 9TH AVE, APT. 3	FT LAUDERDALE, FL 33304
V/D	DAWN GALUZKA	ONE LAS OLAS CIRCLE, APT. 807	FT. LAUDERDALE, FL 33316
S/D	ALANNA S. KIRKPATRICK	604 NE 9TH AVE, APT. 3	FT. LAUDERDALE, FL 33316

**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:

*James Kirkpatrick III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/04

Daytime Phone #

954-336-6710

CR2E081 (01/04)