2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT									
DOCUMENT # P02000099037					\Box	E11 1	E ()		
Entity Name ECLECTIC CREATIONS, INC.				اؤ	FILED				
esta Hons, inc.				9	04 NOV -1	AM 10: 5	53	,	
Principal Plac	e of Business	Mailing Address	Mailing Address		┨ .	SECRETARY [ALLAHASSEI	OF STA	TF .	
1417 SE FT KING ST.		1417 SE FT KING ST				ALLAHASSEI	E, FLOR	ΙŪΑ	
OCALA, FL 34471 OCALA, FL 34471									
Principal Place of Business 3. Mailing Address					_				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			10202004	REIN-P	CR2E0	098 (6/04)	
City & State		City & State				4. FEI Number Applied For S2-2379019 Not Applicable			
Zip Country		Zip Coun		itry	<u> </u>	of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent		1	7. Name and	d Address of New R		ee Require gent	5
POOZED JOUAND				Name					
BOOZER, JOHN D 1417 SE FT KING ST OCALA. FL 34471				Street Address (P.O. Box Number is Not Acceptable)					
,,,									
			City	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00						In accordance v corporation did	vith s. 607. not receive	193(2)(b), ! the prior r	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFFI	ICERS AND	DIRECTORS	5 IN 11
TITLE NAME	P BOOZER, JOHN D	Delete	TITLI NAM	- 1				☐ Change	☐ Addition
STREET ADDRESS	1417 S.E. FT. KING STREET ST			ET ADORESS					
CITY-ST-ZIP	OCALA, FL 34471 VP			-ST-ZIP					
TITLE NAME	SMITH, SHANNON L	☐ Oelete	NAM	i				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1417 S.E. FT. KING STREET			ET ADDRESS					
TITLE	OCALA, FL 34471 ST	☐ Delete	TITU	- \$1 - ZIP				Change	☐ Addition
NAME	BOOZER, CAROLYN B	L., Delete	NAM		-			C) Oversign	CANOLIDIT
STREET ADDRESS CITY-ST-ZIP	1417 S.E. FT. KING STREET OCALA, FL 34471			ET ADORESS -ST-ZIP	,	/			
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NAME STREET ADDRESS			NAM STRE	E ET ADORESS	Hri	•			ļ
CITY-ST-ZIP			4	-ST-ZIP	7				
TITLE NAME		☐ Delete	TITLE	ŀ				Change	☐ Addition
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CITY-ST-ZIP			CITY	-ST-ZIP		tvo otomi			
TITLE NAME		Delete	TITLE	ı				Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS		v			
City-ST-ZIP	certify that the information supplied with	this filing does not quelify for		-ST-ZIP	Section 119 07(2)	(i) Florida Statutos I	further corti	fu that the in	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									