

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -7 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113190

1. Corporation Name

CREATIVE CUTS AND MORE, INC.

2. Principal Office Address - No P.O. Box #

112 Mitchell Hammock Road

3. Mailing Office Address

PO Box 622110

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Oviedo, Florida

City & State

Oviedo, Florida

Zip

32765

Country

USA

Zip

32762

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2002

5. FEI Number

22-3878295

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

Pauline Dennis

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

1312 Tall Maple Loop

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32675

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

P. Dennis

Date

4/27/07

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/S/T/D	Pauline Dennis	1312 Tall Maple Loop	Oviedo, FL 32675

300103041263

05/23/07--01053--007 **1350.00

B S/7/07

REINSTATEMENT

03-01

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 contained in Chapter 119, 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:

P. Dennis

Pauline Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/07

Daytime Phone #

321 363 0005