


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT 2004 AR	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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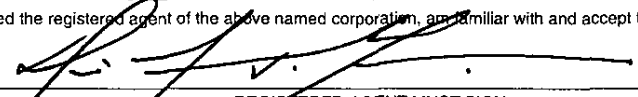
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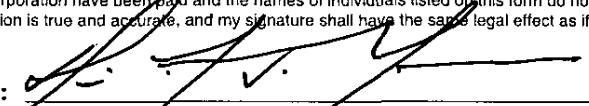
DOCUMENT # P020000119752			
1. Corporation Name CREATIVE INVESTMENT ADVICE, INC			
6339 SW 29 STREET 6339 SW 29 STREET			
2. Principal Office Address 6339 SW 29 STREET		3. Mailing Office Address 6339 SW 29 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33155	Country USA	Zip 33155	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/07/2002	
5. FEI Number 81-0578705	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DICKY F. CAZABON	
Street Address (P.O. Box Number is Not Acceptable) 6339 SW 29 STREET	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33155	

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 08/17/2004
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
PSD	DICKY F. CAZOBON	6339 SW 29 STREET	MIAMI, FLORIDA 33155

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 08/16/2004	Daytime Phone # 305-219-0130

CR2E081 (01/04)

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Miami, August 17th, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: CREATIVE INVESTMENT ADVISE, INC.
Doc Number P02000119752**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

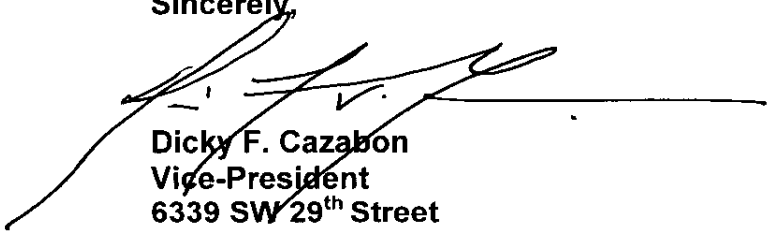
We are enclosing a check for \$150.00 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



**Dicky F. Cazabon
Vice-President
6339 SW 29th Street
Miami, FL 33155**