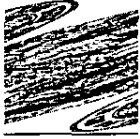


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 DEC -9 AM 11:33

DOCUMENT # P02000120717

1. Corporation Name

Creative Edge, Inc.

2. Principal Office Address

1100 S. Federal Hwy
Suite, Apt. #, etc.
Suite 4

City & State

Boynton Bch, Florida

Zip

33435

Country

USA

3. Mailing Office Address

1100 S. Federal Hwy
Suite, Apt. #, etc.
Suite 4

City & State

Boynton Bch, Florida

Zip

33435

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

5. FEI Number

03-0490971

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

Christine L. Boyd 400025337314
12/09/03--01006--022 **750.00

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

1100 Federal Highway

Suite, Apt. #, Etc.

Suite 4

City

Boynton Beach

State

FL

Zip Code

33435

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

Christine L. Boyd
REGISTERED AGENT MUST SIGN

Date

12/15/03

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
<u>P</u>	<u>Christine Boyd</u>	<u>1100 S. Federal Hwy</u>	<u>Boynton Bch Florida 33435</u>

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:

Christine L. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03

Daytime Phone #