PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PODOCIDED TO THE STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PODOCIDED TO THE STATE SECRETARY OF STATE	ويرون والمناوات		■ Stately
2. Principal Office Address Creative Edge, Inc. 3. Malling Office Address LOO S. Federal Haw 1000 S. Fe		Secretary of State	LUNCTARY OF STAIL 1/15IDN OF CORPORATIO
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Doyntool Centry 2p Country 2p Country 3 3 435 Country 6 CERTIFICATE OF STATUS DESIRED 3.3 435 To a Conflict of Status 7. Name and Address of Current Registered Agent Name Christine 1.2/09/03-01006-022 ***750. 30 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City City Box Feed aroal It is have State State State State State State State Tilles Officer and/or Director City / State / Zip City / State	Suite 4.	Suita-H	4. Date Incorporated or Qualified To Do Business in Florida (, , , , , , , ,)
7. Name and Address of Current Registered Agent Name Chrosopathology Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Boy Titles Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Name of Carrent Registered Agent State Zip Code FL 33433 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 Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors). Titles Officers and/or Director City / State / Zip City / State / Zip City / State / Zip Titles Officers and/or Director City / State / Zip City / S	Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
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Suite, Apt. #, Etc. Surte 4 City Bown to Beach Begistered 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors). Titles Officers and/or Directors Officer and/or Director Officer and/or Directors Officer and/or Director Off	Chri	stine L. Boy	, 400025397314
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Signature of Registered Age R		Beach	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Chr. st.neBoyd Blood S. Federal Hand Boyntan Bohn Florida 33 + 35 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 filling 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	Signature of Page 12/5/03 Registered Ageh Date 12/5/03		
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SIGNATURE: 12 5 03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEDOR DIRECTOR Date Davine Phone #			