

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT -5 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000131474**

1. Corporation Name  
**Creative mortgage Resources, INC.**  
**6252 Seminole terr.**  
**6252 Seminole terr.**

2. Principal Office Address  
**6252 Seminole terrace**

3. Mailing Office Address  
**6252 Seminole terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MARGATE, FLORIDA**

City & State

Zip  
**33063**

Country  
**BROWARD**

Zip  
**33063**

Country  
**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/16/2002**

5. FEI Number

**13-4226631**

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

**DANTE HINES**

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

**2775 TREASURE COVE CIRCLE**

Suite, Apt. #, Etc.

City

**FORT LAUDERDALE**

State

**FL**

Zip Code

**33312**

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

**Dante Hines**

Date **10/4/04**

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
PRES	DANTE HINES	2775 TREASURE COVE CIRCLE	FORT LAUDERDALE FL 33312

900041616929  
10/05/04--01096--010 \*\*300.00

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)(l), 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:

**Dante Hines**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/4/04**

Daytime Phone #

**CREATIVE MORTGAGE RESOURCES, INC.**

**6252 Seminole Terrace  
Margate, Florida 330063**

**Phone: (954) 968-7117**

**Fax: (954) 968-7116**

**E-Mail: DBH3320@Aol.com**

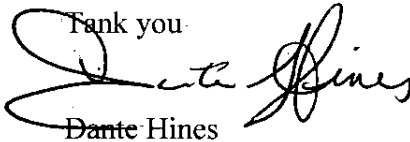
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sirs/Madams

I am writing you this letter to inform that I have not received the uniformed business report in the years of the companies formation. I have a new accountant that made me aware of this application. I have enclosed the two years of fees neccesarey to bring it current. Please update your records and activate this company. If you have any additional questions please do not hesitate to contact me.

Thank you



Dante Hines