

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

MAR -7 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012005 REIN-P CR2E098 (6/04)

4. FEI Number 27-0059178 Applied For Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

DOCUMENT # P03000043134  
1. Entity Name  
CREACION CORP.



Principal Place of Business 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 US  
Mailing Address 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 US

2. Principal Place of Business 10800 NW SI LANE Suite, Apt. #, etc.  
3. Mailing Address 10800 NW SI LANE Suite, Apt. #, etc.

City & State Doral, FL Zip 33178 Country USA  
City & State Doral FL Zip 33178 Country USA

6. Name and Address of Current Registered Agent  
OLIVERA, GABRIELA  
142 NW 152 LANE  
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent  
Name OLIVERA GABRIELA  
Street Address (P.O. Box Number is Not Acceptable)  
10800 NW SI LANE  
City Doral FL Zip Code 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 3-2-05  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS            |                                                                                              |
|---------------------------------------|----------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES VALDEZ, CARLOS 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA VALDEZ, CARLOS 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY VALDEZ, CARLOS 9521 FONTAINEBLEAU BLVD. MIAMI, FL 33172 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete                                                              |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | PRES-T.S. Valdez Carlos 10800 NW SI LANE Doral, FL. 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | 400048417694 03/15/05--01029--014 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Add                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                      |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE [Signature] 3-2-05