

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 11 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 803000084716

1. Corporation Name

CreationProductions Inc.

2. Principal Office Address - No P.O. Box #
415 S. Grand Ave

Suite, Apt. #, etc.

City & State

Deland, FL

Zip
32720

Country
USA

3. Mailing Office Address

415 S. Grand Ave

Suite, Apt. #, etc.

City & State

Deland, FL

Zip
32720

Country

REINSTATEMENT

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. SEI Number

77-0606458

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
Scott Shepherd

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

415 S. Grand Ave

Suite, Apt. #, Etc.

City
Deland, FL

State
FL

Zip Code
32720

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Scott Shepherd

REGISTERED AGENT MUST SIGN

Date

12-11-07

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	Scott Shepherd	415 S. Grand Ave	Deland/FL/32720

300113191723
12/17/07--01037--014 **300.00

300113191723
02/20/08--01007--004 **150.00

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 contained in Chapter 119, 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:

Scott Shepherd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-07

Date

386-864-2172

Daytime Phone #