1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000041969

1. Corporation Name

CHRIS R. BORGIA, ESQUIRE, P.A.

REINSTATEMENT 06-08

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2301 West Sample Road, | 2301 West Sample Road, |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Bldg 1 Suite 4 | Bldg 1 Suite 4 |
| City & State | City & State |
| Pompano Beach, FL | Pompano Beach, FL |
| Zip / Country | Zip / Country |
| 33073 / US | 33073 / US |

4. Date Incorporated or Qualified To Do Business In Florida: 03/05/2004

5. FEI Number ☑ 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: CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PRSPERITY FARMS RD #221E

Suite, Apt. #, Etc.:

City: PALM BEACH GARDENS | State: FL | Zip Code: 33410

☑ 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: Samantha Simons Samantha Simons, Special Secretary Date: 11/21/08
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 |
|---|---|---|---|
| D | CHRIS R BORGIA | 2301 W. Sample Rd, Bldg 1 Ste4 | Pompano Beach, FL 33073 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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: S. Simons as attorney-in-fact 11/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2852

# Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000261156 3)))

H08000261156 3ABC$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

## CORPORATION REINSTATEMENT

**CHRIS R. BORGIA, ESQUIRE, P.A.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | ~~$1,050.00~~ |

$ 450.00
(reinstatement fee waived)

Electronic Filing Menu Corporate Filing Menu Help