

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 22 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000047031**

1. Corporation Name

**ADVANCED CREATIONS, INC.**

2. Principal Office Address

**13700 N.W. 19th Ave**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**Bldg 13**

Suite, Apt. #, etc.

City & State

**Opa Locka, Fl**

City & State

Zip

**33054**

Country

**USA**

Zip

Country

**2005 ANNUAL REPORT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**20-0937064**

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 F. Goodman**

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

**845 N.W. 156th Avenue**

Suite, Apt. #, Etc.

City

**Pembroke Pines,**

State  
**FL**

Zip Code

**33028**

**400057792244**  
**07/22/05--01041--001 \*\*150 00**

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 Goodman*

Date

**7-18-05**

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	Scott F. Goodman	845 N.W. 156th Ave	Pembroke Pines, Fl
VP	Dionna T. Goodman	845 N.W. 156th Ave	Pembroke Pines, Fl

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)(i), 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 Goodman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-18-05**

Daytime Phone #

**305-687-9260**

CR20081 (01/05)

July 14, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Advanced Creations, Inc.  
13700 N.W. 19<sup>th</sup> Avenue  
Bldg 13  
Opa Locka, Florida 33054  
EIN #20-0937064

To Whom It May Concern,

I was unaware that an Annual Report filing was due until I received a late notice. I never received the original form to file timely.

Please find enclosed a check for \$150.00 for the 2005 Annual Report filing fee. This should bring my account current.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Scott Goodman".

Scott Goodman