

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 OCT 17 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P040000573326~~

1. Corporation Name

**KREATIVE DESIGN CO.**

*P04000057326*

2. Principal Office Address - No P.O. Box #

6413 PINE CASTLE BLVD

3. Mailing Office Address

6413 PINE CASTLE BLVD

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

04052004

5. FEI Number

*20-0969216*

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

**CAMRO ENTERPRISES & ACCTG SVC**

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

**2006 MICHIGAN AVE**

Suite, Apt. #, Etc.

City

**KISSIMMEE**

State

**FL**

Zip Code

**34744**

☒ 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

REGISTERED AGENT MUST SIGN

Date **10152007**

**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
P	NELLIS CALLES	6413 PINE CASTLE BLVD STE 1	ORLANDO, FL 32809

**REINSTATEMENT**

*06-07*

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:

*Nellis Calles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/15/07*

Daytime Phone #

*487-846  
6252*