

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 DEC 29 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000062136

**1. Corporation Name**

CREATIVE WRITING Corp.

**2. Principal Office Address**

5149 S.W. 139TH AVE  
Suite, Apt. #, etc.

**3. Mailing Office Address**

5149 S.W. 139TH AVE  
Suite, Apt. #, etc.

**City & State**

MIRAMAR, FL

Zip Country  
33027 USA

**City & State**

MIRAMAR, FL

Zip Country  
33027 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/13/2004

**5. FEI Number**

144906737

**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**

MARIO E. Cardenas III

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

5149 S.W. 139TH AVE

**Suite, Apt. #, Etc.**

**City**

MIRAMAR

**State**

FL

**Zip Code**

33027

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Mario E. Cardenas III*

REGISTERED AGENT MUST SIGN

Date 12/27/2005

**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	MARIO E. CARDENAS III	5149 S.W. 139TH AVE	MIRAMAR, FL 33027

600062462746  
12/28/05--01019--005 \*\*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 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:

*Mario E. Cardenas III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/2005 954.632.4590

Daytime Phone #

292

To Whom It May Concern:

At the request of your examiner, I am sending a letter requesting to waive my late fees. I had a change of address on May 2005, and had never received a notification.

**Please note I would like to permanently change the address on all my records from:**

10330 Iris Court  
Pembroke Pines, FL. 33026

**to:**

5149 SW 139<sup>th</sup> Ave  
Miramar, FL 33027

Thank you for your time, and I apologize for the inconvenience. Have a great New Year!

Sincerely,



Mario E. Cardenas