

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000070074

1. Entity Name
A CREATIVE VIEW, INC.



FILED

06 JAN 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

0506



01122006 E. Peterson JAN 18 2006
REIN-P CR2E088(11/05)

Principal Place of Business
16850-112 COLLINS AVENUE SUITE 347
SUNNY ISLES BEACH, FL 33160 US

Mailing Address
16850-112 COLLINS AVENUE SUITE 347
SUNNY ISLES BEACH, FL 33160 US

2. Principal Place of Business
5020 CLARK ROAD
Suite, Apt. #, etc.
421

3. Mailing Address
5020 CLARK ROAD
Suite, Apt. #, etc.
421

City & State
SARASOTA FL
Zip
34233 Country
SARASOTA

City & State
SARASOTA FL
Zip
34233 Country
SARASOTA

FEI Number
73-1710461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MITCHELL
17100 NORTH BAY ROAD #1405
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent
Name
MITCHELL COHEN

Street Address (P.O. Box Number is Not Acceptable)
7114 PROSPERITY Circle

City SARASOTA FL Zip Code 34238

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mitchell Cohen* MITCHELL COHEN 1/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME COHEN, MITCHELL
STREET ADDRESS 16850-112 COLLINS AVENUE SUITE 347
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME MITCHELL COHEN ☒ Change ☐ Addition
STREET ADDRESS 5020 CLARK RD STE 421
CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mitchell Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 941-923-4683
Date Daytime Phone #