

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN - 3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01022007 REIN-P CR2E098 (11/05)

DOCUMENT # P04000148831 1. Entity Name CREATIONS TITLE RESEARCH, INC.					
Principal Place of Business 5447 PINE CIRCLE CORAL SPRINGS, FL 33067 US			Mailing Address PO BOX 670954 CORAL SPRINGS, FL 33067		
2. Principal Place of Business 7401 Wiles Road Suite, Apt. #, etc. Suite 106		3. Mailing Address P.O. Box 670954 Suite, Apt. #, etc.			
City & State Coral Springs, Florida Zip 33067		City & State Coral Springs, Florida Zip 33067		4. FEI Number NOT APPLICABLE	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, TAMAR P 5447 PINE CIRCLE CORAL SPRINGS, FL 33067			7. Name and Address of New Registered Agent Name TAMAR P. Hamilton Street Address (P.O. Box Number is Not Acceptable) 7401 Wiles Road Suite 106 City Coral Springs FL Zip Code 33067		
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 MANAGER 1-2-2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, TAMAR P 5447 PINE CIRCLE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMILTON, GREGORY O 5447 PINE CIRCLE CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.			REINSTATEMENT 06-07 500084093803 01/12/07--01003--017 **308.75		
SIGNATURE:			1-2-2007 954-263-7108 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Handwritten initials and date: 1/4