

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000112842

1. Corporation Name

CREOSCOPE MEDIA, INC.

REINSTATEMENT 08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
632 NW 38th Circle

3. Mailing Office Address
632 NW 38th Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33431

Country

Zip
33431

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2005

5. FEI Number

20-3298866

☐ 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

BDB Agent Co.

Street Address (P.O. Box Number is Not Acceptable)
5355 Town Center Road

Suite, Apt. #, Etc.
Suite 900

City
Boca Raton,

State
FL

Zip Code
33486

☐ 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 By:

BDB Agent Co.

Assistant Secretary

Date

6/10/08

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
D, P, S	Van Horn, Gregory A.	632 NW 38th Circle	Boca Raton, FL 33431

000131246490
06/12/08--01042--016 **750.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/08

Date

561-400-9983

Daytime Phone #

2016/13