

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 22 AM 11:25

DOCUMENT # P06000023898

1. Corporation Name

CREATIVE RESOURCES INC

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

12109 PICALILLI ST.

Suite, Apt. #, etc.

3. Mailing Office Address

12109 PICALILLI ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

02-06-2006

5. FEI Number

20-4280758

☐ 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

JOSEPH D. BORGER

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

12109 PICALILLI ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

400183277484
07/14/10--01026--009 **1058.75

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

Joseph D. Borger

REGISTERED AGENT MUST SIGN

Date 06-15-2010

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
<u>P/D</u>	<u>JOSEPH D. BORGER</u>	<u>12109 PICALILLI ST.</u>	<u>ORLANDO, FL. 32837</u>
<u>S/D</u>	<u>MONIKA BORGER</u>	<u>12109 PICALILLI ST.</u>	<u>ORLANDO, FL. 32837</u>

10. E-mail Address: JOSEPH.BORGER@ATT.NET

(To be used for future annual report notification)

11. 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. I further certify, 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:

Joseph D. Borger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-15-2010 407-879-0137

Date

Daytime Phone #