


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2010 Annual Report			
DOCUMENT #			
1. Corporation Name PO6000052684 CREATECH USA OF N. FLORIDA INC			
2. Principal Office Address - No P.O. Box # 1508 FT CAPITAL CIR SE		3. Mailing Office Address 1508 FT CAPITAL CIR SE	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32301	Country LEON	Zip 32301	Country LEON
7. Name and Address of Current Registered Agent			
Name MATTHEW SCHLICHT			
Street Address (P.O. Box Number is Not Acceptable) 2134 HOLLYWOOD BLVD			
Suite, Apt #, Etc.			
City HOLLYWOOD FL		State FL	Zip Code 33020
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		Date	
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
P	JOHN HAEGELE	1508 FT CAP CIR SE	TALL 32301 FL
VP	BARBARA HAEGELE	1508 FT CAP CIR SE	TALL 32301 FL
10. E-mail Address: _____ (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. 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: _____		Date 4/30/10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

10 APR 30 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70018906879P
05/03/10--010165-019 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04122006

5. FEI Number

30-0374487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.