

4120000170643

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2012 JAN 20 PM 12:14
SECRETARY OF STATE
SALE HASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P06000088554

1. Corporation Name
CREATIVE DESIGN & CONSULTATION, INC.

2. Principal Office Address - No P.O. Box # 1121 EDGEWATER DRIVE		3. Mailing Office Address 1121 EDGEWATER DRIVE	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32804	Country US	Zip 32804	Country US

REINSTATEMENT 09-12
CR2001 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **08/30/2006**

5. FBI Number **205331054** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ FD-25 Application for Certificate of Status

7. Name and Address of Current Registered Agent

Name
A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable)
5647 110TH AVENUE NORTH

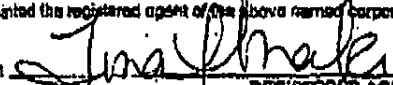
Suite, Apt. #, Etc.

City
ROYAL PALM BEACH

State
FL

Zip Code
33411

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent  Date **1/19/12**

REGISTERED AGENT MUST SIGN

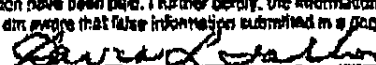
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

TITLES	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD	DAVID TALTON	1121 EDGEWATER DRIVE, SUITE 2	ORLANDO, FL 32804

10. E-mail Address: **REGAGENTSERVICEB@YAHOO.COM**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.17(1)(5), F.S.

SIGNATURE:  **DAVID L. TALTON** Date **1/12/12** 407-924-4511

SIGNATURE AND TYPED OR PRINTED NAME OF GRANTING OFFICER OR DIRECTOR

4120000170643

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REGAGENTSERVICES@YAHOO.COM

**CORPORATION REINSTATEMENT
CREATIVE DESIGN & CONSULTATION, INC.**

Certificate of Status	0
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