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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000088554

1. Corporation Name
CREATIVE DESIGN & CONSULTATION, INC.

REINSTATEMENT 09-12

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

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

5. FEI Number 205331054 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee (Fee Applies to Profit Corporations Only)

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: [signature] Date: 1/19/12
REGISTERED AGENT MUST SIGN

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

Title	Name 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: REGAGENTSERVICES@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 s.817.155, F.S.

SIGNATURE: [signature] DAVID L. TALTON DAVID TALTON 1/19/12 407-924-4511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.

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