

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT -2 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09262007 REIN-P CR2E098 (1/07)

**DOCUMENT # P06000126889**

1. Entity Name  
YOUR ILLUSIONS OUR CREATIONS, INC.



Principal Place of Business  
601 EAST 36TH STREET  
HIALEAH, FL 33013

Mailing Address  
601 EAST 36TH STREET  
HIALEAH, FL 33013

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**20-5665476**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABUJASEN, EVELYN 601 EAST 36TH STREET HIALEAH, FL 33013		Name <b>X</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Evelyn Abujasen* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABUJASEN, EVELYN 601 EAST 36TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600110159186</b> <b>10/02/07--01010--020 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn Abujasen* (Signature and typed or printed name of signing officer or director) Date: *10/2/07* Daytime Phone #: *(904) 258-1905*

10/4/07