

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000053041

1. Corporation Name

SHOWER CREATIONS, INC

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

560 SANFORD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FLORIDA

Zip

32701

Country

U.S.

Zip

Country

7. Name and Address of Current Registered Agent

Name

MATT KUTIK

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

560 SANFORD AVENUE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

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

REGISTERED AGENT MUST SIGN

Date

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 | MATT KUTIK | 701 LITTLEWICK RD | ALTAMONTE SPRGS, FL 32714 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 certifying 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUL 12 PM 4:24

S.E.C. R. 10
TALLAHASSEE, FLORIDA

600183191076
07/12/10--01053--006 **900.00

REINSTATEMENT 09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

20-8966738

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7/12/10