

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000063663

Entity Name: S2 CREATIVE, INC.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

2724 TEMPLE STREET
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2724 TEMPLE STREET
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 68-0673528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, SHELI
2724 TEMPLE STREET
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SHELI SANDERS

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SANDERS, SHELI
Address: 2724 TEMPLE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: P (X) Delete
Name: SANDERS, SHELI
Address: 2724 TEMPLE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: VP (X) Delete
Name: SANDERS, SHELI
Address: 2724 TEMPLE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: SEC (X) Delete
Name: SANDERS, SHELI
Address: 2724 TEMPLE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: TREA (X) Delete
Name: SANDERS, SHELI
Address: 2724 TEMPLE STREET
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: SANDERS, SHELI
Address: 2724 TEMPLE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELI SANDERS

Electronic Signature of Signing Officer or Director

P

03/04/2009

Date