

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -3 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P07000116196</b> 1. Entity Name <b>CREATIVE BRANDING GROUP, INC.</b>	
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Principal Place of Business <b>100 OCEAN TRAIL WAY UNIT 207 JUPITER, FL 33477 US</b>	Mailing Address <b>100 OCEAN TRAIL WAY UNIT 207 JUPITER, FL 33477 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10242008 REIN-P CR2E098 (1/07)

4. FEI Number <b>26-1291530</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required.</b>
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<b>6. Name and Address of Current Registered Agent</b>  GALLUZZO, MARIA 100 OCEAN TRAIL WAY UNIT 207 JUPITER, FL 33477	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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: *Maria Galluzzo* (NOTE: Registered Agent signature required when reinstating) DATE: 10/28/08

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GALLUZZO, MARIA</b> <b>100 OCEAN TRAIL WAY, UNIT 207</b> <b>JUPITER, FL 33477</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300137581793</b> <b>11/03/08--01073--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>GALLUZZO, DOMINIC</b> <b>100 OCEAN TRAIL WAY, UNIT 207</b> <b>JUPITER, FL 33477</b>	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: *Maria Galluzzo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 10/28/08 DATE DAY/MO/YEAR

*11/18/08*