

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 AM 11:16

DOCUMENT # P07000126924

1. Corporation Name

CREATIVE MARKETING AND INVESTMENT, INC

700136780687
10/09/08--01041--008 **150.00

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

4047 Okeechobee Blvd

Suite, Apt. #, etc.

115

City & State

West Palm Beach

Zip

33409

Country

Palm Beach

3. Mailing Office Address

4047 Okeechobee Blvd

Suite, Apt. #, etc.

115

City & State

West Palm Beach

Zip

33409

Country

Palm Beach

CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 11/27/2007

5. FEI Number

352316903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Isaac Antoine

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

10617 old hammock way

Suite, Apt. #, Etc.

115

City

Wellington

State

FL

Zip Code

33414

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 10/6/2008

REGISTERED AGENT MUST SIGN

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	Natacha B. Antoine	10617 old hammock way	wellington, FL.33414
VP	Rebeca Antoine	10617 old hammock way	wellington, FL.33414
CFO	Isaac Antoine	10617 old hammock way	wellington, FL.33414

B 10/13/08

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Isaac Antoine

Isaac Antoine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2008

Date

561 601 3626

Daytime Phone #