

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -6 PM 3:42

DOCUMENT # P93000024408

1. Corporation Name

Stamp Creations, Inc.

2. Principal Office Address

967 Shotgun Rd
Sunrise, FL 33326

3. Mailing Office Address

967 Shotgun Rd.
Sunrise, FL 33326

REINSTATEMENT 06-01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1993

5. FEI Number

65-0411485

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

HOFF, RITA

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

967 Shotgun Rd

Suite, Apt. #, Etc.

Sunrise

City

Sunrise

State

FL

Zip Code

33326

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

Rita T. Hoff

REGISTERED AGENT MUST SIGN

Date 6/4/01

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
Pres.	<u>Hoff, RITA</u> <u>967 Shotgun Rd</u> <u>Sunrise, FL 33326</u>	<u>967 Shotgun Rd</u> <u>Sunrise FL 33326</u>	<u>Sunrise FL 33326</u>

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 under section 119.07(3)(i), 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:

Rita T. Hoff

RITA T. HOFF

Date

6/4/01

Daytime Phone #

954-423-9292

CR2001 (9/00)