

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2009

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		4. Date Incorporated or Qualified To Do Business in Florida <u>08/23/93</u>	
DOCUMENT # <u>P93000060069</u> 1. Corporation Name <u>Creamer Appliance Service, Inc.</u>		5. FEI Number <u>593213833</u>	
2. Principal Office Address - No P.O. Box # <u>3304 N. Cooper Rd.</u> Suite, Apt. #, etc. _____ City & State <u>Plant City, FL</u> Zip Country <u>33565-4842 US</u>	3. Mailing Office Address <u>3304 N. Cooper Rd.</u> Suite, Apt. #, etc. _____ City & State <u>Plant City, FL</u> Zip Country <u>33565-4842 US</u>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name <u>John M. Creamer</u> Street Address (P.O. Box Number is Not Acceptable) <u>3304 N. Cooper Rd.</u> Suite, Apt. #, Etc. _____ City <u>Plant City</u> State <u>FL</u> Zip Code <u>335654842</u>		<input checked="" type="checkbox"/> 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 <u>[Signature]</u> Date <u>12-29-09</u> 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
PD	John M. Creamer	3304 N. Cooper Rd.	Plant City, FL 335654842
STD	Cynthia L. Creamer	3304 N. Cooper Rd.	Plant City, FL 335654842
VP	John Mark Creamer II	3304 N. Cooper Rd.	Plant City, FL 335654842
10. E-mail Address: <u>markcreamert1@comcast.net</u> (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. I further certify, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>12-29-09</u> Daytime Phone # <u>986-1881</u>	

CREAMER APPLIANCE SERVICE, INC.
3304 N. COOPER ROAD
PLANT CITY, FL 33565

December 29, 2009

Re: Document #P93000060069

To Whom it may concern:

We did not receive any notices on this. As you can see, we have always filed on time in the past. We only became aware of the dissolution when someone looking up our corporation told us. We are asking that you please waive the reinstatement fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark A.', with a long horizontal flourish extending to the right.

Mark Creamer
President
Creamer Appliance Service, Inc.