## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 99 3000060069  1. Corporation Name  Creamer Appliance Service, Inc.,  SEDICIES 4 1 4 36 1.8  01/04/10-01041-003 ***158.75  PRINCIPAL Copper Rd.,  330 H. M. Copper Rd.,  330 H. M. Copper Rd.,  Suite, Api. 8, dec.  City & State  Plant City Fill  County  20 Method County  21 Method County  21 Method County  21 Method County  22 Method County  23 Method County  24 Method County  25 Method County  26 Method County  27 Method County  27 Method County  28 L Institute  27 Method County  28 L Institute  28 L Institute  28 L Institute  29 Method County  20 Method County  21 Method County  21 Method County  21 Method County  22 Method County  23 Method County  24 Method County  25 Method County  26 Method County  27 Method County  27 Method County  28 Method County  28 Method County  28 Method County  29 Method County  20 Method	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED RETARY OF STATE AHASSEE, FLORIDA JAN -4 AM 10: 01.	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 33PH N. Cooper Rd. 3. Mailing Office Address 33PH N. Cooper Rd. 3. Suite. Apr. #, etc. 3. Suite. Apr. #, etc. 3. Suite. Apr. #, etc. 4. Deep received or Duration of Too Desires in Findine 38 / 23 / 93  Suite. Apr. #, etc. 5. Suite. 4. Deep received or Duration of Too Desires in Findine 38 / 23 / 93  S. PEI Number 38 / 23 /	1. Corporation Name				
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Sule, Apt. 4, etc.  Cry & State  Plant Crty Plant			81 01/0	00164143618 4/1001041003 **158.75	
City 4 State  City 4 State  City 5 State  City 6 State  City 6 State  City 6 State  City 6 State  City 7 Country  Registered Agent  Registered	3304 N. Cooper Rd.	3304 N. Cooper Rd.	REINS	TATEMENTINOI 2009	
Plant Ctty The relinstatement 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.  Single To John Ctty 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.  Single To John Ctty Registered Agent  Accistree Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Registered Agent  Registered Agent  Accistree Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Registered Agent  Registered Registered Agent  Registered Registered Registered Regist					
33565-1842 US  7. Name and Address of Current Registered Agent  7. Name and Street Address of Number is Nat Acceptable)  8. 1. being appointed the registered agent of the above named corporation, amfamiliar with and accept the obligations of section 607 0505 or 617 0503, F.S.  8. 1. being appointed the registered Agent  8. 1. being appointed the registered Agent of the above named corporation, amfamiliar with and accept the obligations of section 607 0505 or 617 0503, F.S.  8. 1. being appointed the registered Agent of the above named corporation amust list at least 3 directors)  8. 1. being appointed the registered Agent MUST SIGN  9. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  8. The profit of the agent of the Agent Agen	Plant City Fl.	Plant City, Fl.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name  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.  State, Apt. 4. Etc.  City Plant C; 72    FL			CEDTICIONATE OF STATUS DESIDED 12 30.73 ADMINISTRATE AND AND ADMINISTRATE OF STATUS DESIDED 12 30.73 ADMINISTRATE OF STATUS		
Street Address (P.O. Box Number is Sta Acceptable)  Street Address (P.O. Box Number is Sta Acceptable)  Suite, Apr. 8, Etc.  City  Plant C. ty  State  Street Address (P.O. Box Number is Sta Acceptable)  Suite, Apr. 8, Etc.  City  Plant C. ty  State  Street Address (P.O. Box Number is Sta Acceptable)  8. 1. being appointed the registified digent 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  Registered Agent  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Director  Officers and/or Director  Officer and/or Director  Officers and/or Director			1		
8. I, being appointed the registrifted agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent  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  Officers and/or Directors  Titles  Officers and/or Directors  Titles  Officers and/or Directors  Titles  Officers and/or Directors  Total N. Creamer  Total N. Corper Rd., Plant City, Fl. 335654845  YP Jahn Mark Creamer J. 3304 N. Corper Rd., Plant City, Fl. 335654845  VP Jahn Mark Creamer J. 3304 N. Corper Rd., Plant City, Fl. 335654845  10. E-mail Address: Mark Creamer J. 3304 N. Corper Rd., Plant City, Fl. 335654845  11. Lordify that I am an officer or affector 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 filling this reinstatement application like reason for dissolution has been eliminated, the corporation measurables the requirements of section 607.0401 or 617,0401, F.S., that all less owed by the corporation have been paid. Just her certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cash.  SIGNATURE:	Street Address (P.O. Box Number is Not Acceptable)  3704 V. Copper Rd.  Suite, Apt. #, Etc.		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		
Signature of Registered Agent  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  Name of Officers  Name of					
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  PD John M. Crequer 3304 N. Copper Rd., Plant City, Fl. 335654845  STD Cynthia L. Creamer 3304 N. Copper Rd., Plant City, Fl. 335654845  VP John Mark Creamer II 3304 N. Copper Rd., Plant City, Fl. 335654845  10. E-mail Address: Mark Creamer II 3304 N. Copper Rd., Plant City, Fl. 335654842  11. Learlity 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 filling 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 seen 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 earth.  SIGNATURE:  Tahn M. Creamer 12-24-09 986-1881	Signature of Registered Agent Date 12-29-09				
Officer and/or Directors  Officer and/or Director  Plant C, t, t, 335654842  Officer and/or Director  Officer and/or Director  Officer and/or Director  Plant C, t, t, 335654842  In an All Creamer J 3304 N. Cooper Rd. Plant C, t, t, 335654842  In an All 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 filling 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. 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:  Jahn M. Creamer 12-29-09 986/1881	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
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10. E-mail Address: Mark-creamer   @ Comcast, net    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 filling 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. 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:  Tohn M. Creamer 12-29-09 986-1881				Plant City, Fl. 335654842	
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## 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,

Mark Creamer

President

Creamer Appliance Service, Inc.