


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 13 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068619

1. Corporation Name
T-Shirt Creations, Inc.

700019847837
05/23/03--01060--015 **150.00

700019847837
05/23/03--01060--014 **150.00

2. Principal Office Address 1848 Aragon Ave		3. Mailing Office Address 1848 Aragon Ave	
Suite, Apt. #, etc. St A-B-C		Suite, Apt. #, etc. St A-B-C	
City & State Lakewood FL		City & State Lakewood FL	
Zip 33461	Country USA	Zip 33461	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **1991**

5. FEI Number **65-0444517** 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 **Fred Sell**

Street Address (P.O. Box Number is Not Acceptable)
8510 Mildred Dr

Suite, Apt. #, Etc.

City **W. Boynton Beach** State **FL** Zip Code **33437**

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 **5/12/03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Fred Sell	8510 M. Mildred Dr	W. Boynton Beach FL 33437

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/12/2003** Daytime Phone # **861 239 9480**

21 5113

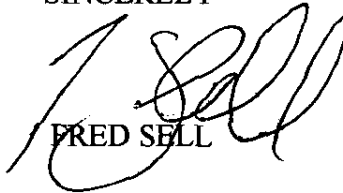
T-SHIRT CREATIONS, INC.
1848 ARAGON AVE
LAKE WORTH, FLORIDA 33461

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

REFERENCE: CORPORATE REINSTATEMENT

I DID NOT RECEIVE MY YEAR 2002 BUSINESS REPORT AND I AM
REQUESTING THAT YOU WAIVE THE PENALTIES ON MY CORPORATION.

SINCERELY



FRED SELL