

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**AND
FILED**

97 NOV 12 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081006

1. Corporation Name

RED RABBIT CREATIONS, INC.

Principal Place of Business
**1149 RAINWOOD CIRCLE
PALM BEACH GARDENS FL 33410**

Mailing Address
**1149 RAINWOOD CIRCLE
PALM BEACH GARDENS FL 33410**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0431520	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	SPEILLER, IRENE	1149 RAINWOOD CIRCLE	PALM BEACH GARDENS FL 33410
			4000002346844-6
			-11/13/97-01089-017
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

**WHALEN, TIMOTHY L
400 AUSTRALIAN AVENUE SOUTH
SUITE 850
WEST PALM BEACH FL 33401**

9. Name and Address of New Registered Agent

Name
Timothy L. Whalen
Street Address (P.O. Box Number is Not Acceptable)
301 Clematis St. S
Suite, Apt. #, Etc.
Suite 200
City
West Palm Beach State
FL Zip Code
33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date *10-30-97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-97

Date Daytime Phone #

CR2040 (8/97)