

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DIVISION OF CORPORATIONS

DOCUMENT # P94000083727

1. Corporation Name

CREATIVE ON-HOLD CONCEPTS & MARKETING, INC.

Principal Place of Business

192 N.E. 168TH STREET  
NORTH MIAMI FL 33162

Mailing Address

192 N.E. 168TH STREET  
NORTH MIAMI FL 33162

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1994

5. FEI Number

65-05886578  
APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
D	MCKAY, MICHAEL P	4243 N.W. 114TH TERRACE 2355 N.W. 34th Way	CORAL SPRINGS FL 33065 Coral Creek, FL 33066
D	MCKAY, ALECIA G	4243 N.W. 114TH TERRACE 2355 N.W. 34th Way	CORAL SPRINGS FL 33065 Coral Creek, FL 33066

300002014403--3  
-11/26/96--01104--006  
\*\*\*\*200.00 \*\*\*\*200.00

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKAY, MICHAEL P  
4243 N.W. 114TH TERRACE  
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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 10-8-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-96 (305) 999-9033

CR2E040 (7/96)



CREATIVE ON-HOLD CONCEPTS & MARKETING, INC.

②

11-18-96

To Whom it may Concern  
This is a formal report for the Reinstatement  
of our Corporation. We sent in a timely  
Annual Report with payment, but was  
told that it was returned to us.  
We never got it & I am again sending  
out a Reinstatement form with  
payment. Please expedite this important  
request as it is of utmost importance to  
have a legitimate Corporation.  
Thank you.

Respectfully  
Michael R. M. Ky. Davis