PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FOR A CONTROL SANDRA B. Mortham Secretary of State DIVISION OF CAPORALIONS			APPROVED AND FILED				
DOCUMENT # PASOUUU0815 9				97 JAN - 9 AM II: 03			
1. Corporation Name  OREATIVE GROUP, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address  BOZ5 NW 36 STREET  SUITE 322  MIAMULTEDRIDA 33166  If above addresses are incorrect in any way, line through incorrect information and enter correction below.					DO NOT WRITE IN THIS SE	PAGE	
New Principal Office Address. If Applicable     NEW Principal Office Address.	New Principal Office Address: If Applicable 3. New Mailing Address: If Applicable			4. Date Incorporated or Qualified To Do Business in Florida SAN 31/1995			
ite, Apt. #, etc.				5 FEt Number		Applied For	
City & State  Zip   Country	City & State			65-0552578		Not Applicable  Standard Fee required	
		Country	one must let at in a		OF STATUS DESIRED	ora Cartifical do Estables	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit  Name of Officers and/or Directors  1 2 3 (Do			et Address of Each cer and/or Director a Post Office Box N	· · · · · · · · · · · · · · · · · · ·	City / Sti	ate Zp	
PRES. GISELA ESCOBAT	w 139 A	W. WESI	MIAMI, FL	33186			
		40000205655.41 -01/14/9701056007 **********************************					
		PEINSTATEMENT 1996 a. a.fa.,					
			Name	······································			
14482 SW 139 AVE. WEST. MIAMI FL 33183			MARJORIE ZAMUDIO Street Address (P.O. Box Number is Not Acceptable) 14482 SW 139 AVE WEST Suite. Apt. #, Etc.				
City M 1 A				Al State Zip Code FL 33186			
10 i. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505 [58]  Signature of Registered Agent Holz Agent MUST SIGN  REGISTERED AGENT MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No (See other side for information on intangible tax.)							
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 125 TO THE Phone *							