

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000027363

1. Corporation Name

CREEK MANUFACTURING INC

W04-15661

2. Principal Office Address

4331 N.W. 19 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4331 N.W. 19 AVE

Suite, Apt. #, etc.

City & State

Pompano Beach, FL.

Zip

33064

Country

Broward

City & State

Pompano Beach, FL.

Zip

33064

Country

Broward

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

4-06-1995

5. FEI Number

660676501

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

Michael Holdin

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

212 SE 8 ST.

Suite, Apt. #, Etc.

103

City

FT Lauderdale

State

FL

Zip Code

33316

REINSTATEMENT

8. I, being appointed the registered agent of the abovenamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Holdin

REGISTERED AGENT MUST SIGN

Date

4-15-04

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	Street Address of Each Officer and/or Director	City / State / Zip
PRES	EILEEN WEINSTEIN	4331 N.W. 19 AVE	Pompano Beach, FL. 33064
V. PRES	CHESTER WEINSTEIN	4331 N.W. 19 AVE	Pompano Beach, FL. 33064
V. PRES	MANOUCH KARIMI	4331 N.W. 19 AVE	Pompano Beach, FL. 33064

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

Michael Holdin

V.P.

4-15-04

954-970-3326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/04)

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4-1- 6

**THE CREEK MANUFACTURING, INC.
4331 N.W. 19th AVENUE
POMPANO BEACH, FL. 33064**

May 3, 2004

**SUBJECT: THE CREEK MANUFACTURING, INC.
REF. NUMBER: P95000027363**

Attention: Florida Department of State, Division of Corporations

We are requesting a refund in the amount of \$150.00 since we overpaid. We sent you \$1950.00. The total amount due to reinstate the entity was only \$1800.00. Therefore we are returning the Corporation Reinstatement Document and requesting a refund of \$150.00. Thank You for your prompt attention in this matter.

**Chester Weinstein
Vice President**