

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Oct 11, 2007 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

REINSTATEMENT 96-07
 CR2E081 (1/07)

DOCUMENT # P95000057055

1. Corporation Name
 BLP Creative, Inc.

2. Principal Office Address - No P.O. Box # 270 S. Central Blvd. Suite, Apt. #, etc. Suite_107=B		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State	
Zip 33458	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida July 24, 1995

5. FEI Number 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 Richard K. Barra, Esquire
 Scott, Harris, Bryan & Jorgensen, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 4400 PGA Blvd.

Suite, Apt. # Etc.
 Suite 800

City State Zip Code
 Palm Beach Gardens FL 33410

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10/8/07

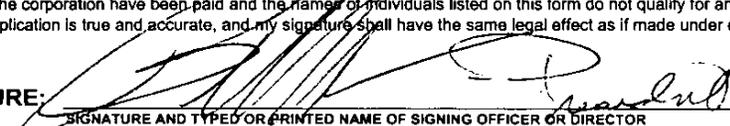
REGISTERED AGENT MUST SIGN

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
PDST	Beth Papparone	10720 Avenue of the PGA	Palm Beach Gardens, FL 33418

50110533415
 10/11/07--01047--003 **2400.00

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 contained in Chapter 119, 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:  Date 10/4/07 561-747-4409
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

10/12/07