PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.
PAPPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P9700001786-			55 July 101 1:16
1. Corporation Name CREATIVE EVOLUTION, INC.			Viole Exigne
Should broke the transfer of t			Market and the CTIDA
Principal Place of Business Mailing Address			1
1631 JEFFERSON AVE. MIAMI BEACH, FL 33139 SAME			
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		Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #. etc.		To Do Business in Florida
City & State	City & State		5. FEI Number Applied For Not Applicable
Zip Country	Zip Countr	у	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/			
Title(s) 1 Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip 2 (Do NOT Use Post Office Box Numbers) 4			
PRES ANAL, STEFANO	3530 MYS	TIC PT. DR	#2112 AVENTURA PL, 33180
7,000	3000,		Aceiotery to, 30100
			7000029185975 -06/29/9901055002 ****300.00 ****300.00
			****300.00 ****300.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			
ANA L. STEFANO			
3530 MYSTIC POINTE DRIVE # 2112 Street Address (P.O. Box Number is Not Acceptable)			
AVENTURA PL 33180			
10. I, being appointed the registered agent of the about	ve damed corporation, am familiar wi	1	State Zip Code
Signature of Registered Agent Date 6/17/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for information on intangible tax.)			
this reinstatement application, the reason for dissol	ution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies t m do not quality for a	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated roath.
SIGNATURE: SIGNATURE AND TYPED OR PRINTED VANE OF SIGNING OFFICER OR DIRECTOR 6/17/99 305. 538. 4188			

JUNE 22, 1999

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSE, FL

REF: LATE FILING OF OUR ANNUAL REPORT CREATIVE EVOLUTION INC

DEAR SIR, MADAM:

AS PER OUR TELEPHONE CONVERSATION I AM HEREBY ENCLOSING CHECK IN THEIR AMOUNT OF \$300.00 TO COVER REINSTATEMENT.

WE NEVER RECEIVED YOUR ANNUAL REPORT FORMS DUE TO INCOMPLETE ADDRESS (YOUR OFFICE DID NOT HAVE MY APT NUMBER).

WE REALIZE THE NON-FILING SITUATION WHEN WE HAD TO GO TO DADE COUNTY COURT.

PLEASE EXPEDITE AND NOTIFY US IN WRITING.

SINCERELY

ANA L STEFANO

Enclosure cc.Accountant