


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 14 PM 4:58

DOCUMENT # **P97000103961**
 1. Corporation Name
MARLENE'S CREATIONS, INC.

Principal Place of Business: **716 LAKE Ave.**
~~6 LAKESIDE PALMS COURT~~
 LAKE WORTH FL 33460
 Mailing Address: **PO Box 1607**
~~6 LAKESIDE PALMS COURT~~
 LAKE WORTH FL 33460



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc. **PO Box 1607**
 City & State **LAKE WORTH FL**
 Zip **33460** Country **Palm Beach**
 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. **PO Box 1607**
 City & State **LAKE WORTH FL**
 Zip **33460** Country **Palm Beach**

4. Date Incorporated or Qualified To Do Business in Florida **12/09/1997**
 5. FEI Number **65-0798584**
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GAFFNEY, MARLENE S	6 LAKESIDE PALMS COURT 716 LAKE Ave.	LAKE WORTH FL 33460
			600004745556--7 -12/31/01--01083--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
GAFFNEY, MARLENE S
~~6 LAKESIDE PALMS COURT~~ **716 LAKE Ave**
~~LAKE WORTH FL 33460~~

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** 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  Date **10-25-01**
 REGISTERED AGENT MUST SIGN

11. 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:  Date **10-25-01** State **Fl** Daytime Phone # **784-0544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)