

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 NOV -2 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000048415

1. Corporation Name

CREATIVE INVENTIONS, INC.

2. Principal Office Address

4928 121st TERRACE N

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

SAME

Zip

33411

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5-28-1998

5. FEI Number

65-0839615

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

WANDA LEE ROBERTS

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

4928 121st TERRACE N

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code

33411

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

Wanda Lee Roberts

REGISTERED AGENT MUST SIGN

Date 11-28-2005

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
P/D	BERNARD ROBERTS	4928 121st TERR. No	WEST PALM BEACH FL 33411
S/D	WANDA LEE ROBERTS	4928 121st TERR. No	WEST PALM BEACH FL 33411
			500061101475 11/02/05--01007--006 ***1000.00
			500061101475 11/02/05--01007--007 ***558.75

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:

BERNARD ROBERTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-05 561-753-5691

Date

Daytime Phone #

11/20