

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

00 OCT 24 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000066918

1. Corporation Name

CREATIVE HOME REALTY, INC.

2. Principal Office Address

9220 SW. 72nd. Street

Suite, Apt. #, etc.

101

City & State

MIAMI, FL. 33173

Zip

33173

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800003455948--6
-11/07/00--01113--019
****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/98

5. FEI Number

65-0980529

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

HECTOR G. RAMOS

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

13951 SW. 66St.,

Suite, Apt. #, Etc.

403A

City

MIAMI

State
FL

Zip Code

33183

REINSTATEMENT

99-00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/19/00

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	HECTOR RAMOS	9220 SW. 72nd. Street	MIAMI, FL. 33173

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

CR2E081 (9/99)