


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 11 MAR 23 AM 10:47
 SECRETARY OF STATE
 PALM HARBOR, FLORIDA

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03/23/11--01007--019 **900.00

CR2E081 (6/10)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 980000855 38**

1. Corporation Name

**CREATIVE COMMUNICATIONS OF HAVANA
INC**

2. Principal Office Address - No P.O. Box #

67 CHEROKEE DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HAVANA FL

City & State

Zip

Country

Zip

Country

32333

GADSDEN

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3552460

☐ 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

WALSH GEORGE

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

67 CHEROKEE DR

Suite, Apt. #, Etc.

City

HAVANA

State

FL

Zip Code

32333

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

3/23/2011

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
D	GORDON PATRICK	67 CHEROKEE DR	HAVANA 32333 FL
D	WALSH GEORGE	67 CHEROKEE DR	HAVANA 32333 FL

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

3/23/2011

Date

850-539-7406

Daytime Phone #