

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000106500			
1. Entity Name INNOVATIVE CREATIONS AND FINE DESIGNS, INC.			
Principal Place of Business 12298 WILES ROAD CORAL SPRINGS, FL 33076		Mailing Address 12298 WILES ROAD CORAL SPRINGS, FL 33076	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0883157		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, ROBERT 12298 WILES RD CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent must also be signed. NOTE: Registered Agent Signature required when reinstating.			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, ROBERT 3959 NW 73RD WAY CORAL SPRINGS, FL 33066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042281752 10/28/04--01034--014 ***150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNS, FELISHA 3959 NW 73RD WAY POMPANO BEACH, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>X Robert Burns</i>		<i>X 10/21/04 X 755-4955</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR		DATE	

*Please waive fee never recieved postcard regarding the new procedure. Thank you! Sincerely, Robert Burns