

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 05, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P99000008822

1. Corporation Name

C.R.E.A.M. ENTERPRISE & INVESTMENTS INC.

2. Principal Office Address

9791 ENCINO COURT

Suite, Apt. #, etc.

3. Mailing Office Address

9791 ENCINO COURT

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

U.S.A.

Zip

33025

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

FEBRUARY 5, 1999

5. FEI Number

650893403

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

Maye Alexander

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

9791 Encino Court

Suite, Apt. #, Etc.

MIRAMAR

City

MIRAMAR

State  
FL

Zip Code

33025

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

Maye Alexander  
REGISTERED AGENT MUST SIGN

Date

6.22.02

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
<u>P/D</u> <u>CEO</u>	<u>DWAYNE L. STANLEY</u>	<u>9791 ENCINO CT.</u>	<u>MIRAMAR, FLORIDA 33025</u>
<u>V/T</u>	<u>CEDRIAL L. STANLEY</u>	<u>2000 N.W. 195TH STREET</u>	<u>MIAMI, FLORIDA 33056</u>
<u>S.</u>	<u>KRYSTAL DALEY</u>	<u>2701 EAST SUTTON DRIVE</u>	<u>MIRAMAR, FLORIDA 33025</u>
<u>V/T.</u>	<u>CEDRIAL L. STANLEY</u>	<u>2000 N.W. 195TH STREET</u>	<u>MIAMI, FLORIDA 33056</u>
<u>P/D.</u>	<u>DWAYNE L. STANLEY</u>	<u>9791 ENCINO CT.</u>	<u>MIRAMAR, FLORIDA 33025</u>
<u>C.</u>	<u>JAMES C. STANLEY</u>	<u>6601 N.W. 29TH AVENUE</u>	<u>MIAMI, FLORIDA 33147</u>

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:

Dwayne L. Stanley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/02  
Date

(954) 441-0273  
Daytime Phone #

CR2E081 (9/01)

11/12/02