


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p><b>CORPORATION REINSTATEMENT</b></p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>00 DEC - 11 PM 3:43</p> <p>600003500656--2 -12/13/00--01117--015 ****750.00 ****750.00</p> <p style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</p>																											
<p><b>DOCUMENT #</b> <span style="font-size: 1.5em; font-family: cursive;">P990001117</span></p>																													
<p><b>1. Corporation Name</b> <span style="font-family: cursive;">KREATIVE PARTS INC</span> <span style="font-family: cursive;">2895 BIG SKY BLVD.</span> <span style="font-family: cursive;">KISSIMMEE, FLA</span> <span style="font-family: cursive;">34744</span></p>																													
<p><b>2. Principal Office Address</b> <span style="font-family: cursive;">SAME AS ABOVE</span></p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip      Country</p>	<p><b>3. Mailing Office Address</b> <span style="font-family: cursive;">SAME AS ABOVE</span></p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip      Country</p>																												
<p><b>4. Date Incorporated or Qualified To Do Business in Florida</b> <span style="font-family: cursive;">FEB 1999</span></p>																													
<p><b>5. F</b> <span style="font-family: cursive;">593555000</span>      Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p>																													
<p><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p><b>7. Name and Address of Current Registered Agent</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name <span style="font-family: cursive;">PETE CRUMB</span></td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <span style="font-family: cursive;">2895 BIG SKY BLVD.</span></td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City <span style="font-family: cursive;">KISSIMMEE</span></td><td>State <span style="font-family: cursive;">FL</span>      Zip Code <span style="font-family: cursive;">34744</span></td></tr></table>		Name <span style="font-family: cursive;">PETE CRUMB</span>		Street Address (P.O. Box Number is Not Acceptable) <span style="font-family: cursive;">2895 BIG SKY BLVD.</span>		Suite, Apt. #, Etc.		City <span style="font-family: cursive;">KISSIMMEE</span>	State <span style="font-family: cursive;">FL</span> Zip Code <span style="font-family: cursive;">34744</span>																				
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<p><b>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.</b></p> <p>Signature of Registered Agent <span style="font-family: cursive;">Pete Crumb</span>      Date <span style="font-family: cursive;">Nov 3/2000</span></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																													
<p><b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PSD</td><td>ROBERT C DELLAIRE</td><td>2895-BIG-SKY-BLVD.</td><td>KISSIMMEE, FLA 34744</td></tr><tr><td>VD/T</td><td>PETER W CRUMB.</td><td>2895 BIG SKY BLVD.</td><td>KISSIMMEE, FLA 34744</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">AD</p>		Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PSD	ROBERT C DELLAIRE	2895-BIG-SKY-BLVD.	KISSIMMEE, FLA 34744	VD/T	PETER W CRUMB.	2895 BIG SKY BLVD.	KISSIMMEE, FLA 34744																
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<p><b>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.</b></p>																													
<p><b>SIGNATURE:</b> <span style="font-family: cursive;">Dellaire</span> <span style="font-family: cursive;">ROBERT C DELLAIRE</span>      <span style="font-family: cursive;">OCT 17, 2000</span>      <span style="font-family: cursive;">888-762-6437</span></p> <p style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</p>																													

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