## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 OCT 29 PH 4: 48
DOCUMENT # \$ 9900010  1. Corporation Name CREATIVE COAT	INGS & MORE, INC.		LEGIC LANGE OF STATE THE LAHASSTE, FLORIDA
	Mailing Office Address 4086 V 13e/sbrc Or lite, Apt. #, etc.	REI	NSTATEMENT 07-08 CR2E081 (10/08)
City & State City  Madera Beh FL  Zip  J708  USA	Madera Bet FL Country 33708 USA	5. FEI Numbe 593	orated or Qualified hess in Florida    Applied For
Name  Name  Robert Wich  Street Address (P.O. Box Number is Not Acceptable)  14086  Suite, Apt. #, Etc.  City  Made of Control Code  FL 33708		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 X Poolutt Wife Date 10-24-08  REGISTERED AGENT MUST SIGN			
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		Clty / State / Zip
P Robert Wyest	14086 N Bys	be Dr	Madera Bah, Fl., 33708
m10/2	5	70 10/29	10137427167 70801033006 **900.00
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 filling 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 contained in Chapter 119, 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:  **Robert** Application**  **Robert**  **Robert** Application**  **Robert**  **Robert**			