

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000017510**

1. Corporation Name

**CREATIVE BUSINESS AFFAIRS, INC.**

Principal Place of Business

C/O NICOLAS FERNANDEZ, P.A.  
780 NW LE JEUNE ROAD, SUITE 324  
MIAMI FL 33126

Mailing Address

C/O NICOLAS FERNANDEZ, P.A.  
780 NW LE JEUNE ROAD, SUITE 324  
MIAMI FL 33126



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**9482 SW 77th Pl**

Suite, Apt. #, etc.

**Miami, FL**

City & State

**33156 USA**

Zip

Country

3. New Mailing Office Address, If Applicable

**9482 SW 77th Pl**

Suite, Apt. #, etc.

**Miami, FL**

City & State

**33156 USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/24/1999**

5. FEI Number

**65-0909213**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	BESTARD, FRANCISCO	6201 SW 104 ST	MIAMI FL 33156
V	RUBIO, MONTSERRAT	6201 SW 104 ST	MIAMI FL 33156

**500023967085**

**10/21/03--01051--012 \*\*750.00**

8. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.  
780 NW LE JEUNE ROAD, SUITE 324  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

**Francisco Bestard**

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

**9482 SW 77th Pl**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33156**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**Francisco Bestard**  
REGISTERED AGENT MUST SIGN

Date **10-13-03**

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 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:

**Francisco Bestard**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-13-03**

Date

Daytime Phone #

**305-270-7212**

CR2E040 (7/03)