

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **01-03**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY 29 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000028899**

1. Corporation Name

CREATIVE HISPANIC ENTERPRISES, INC.

Principal Place of Business

5838 COLLINS AVENUE
#88
MIAMI BEACH FL 33140

Mailing Address

5838 COLLINS AVENUE
#88
MIAMI BEACH FL 33140



000020544190
06/05/03--01049--024 **450.00

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

2. New Principal Office Address, If Applicable

~~3000 ISLAND BLVD~~
Suite, Apt. #, etc. ~~1404~~

City & State

~~AVENURA FL~~

Zip

~~33160~~

Country

3. New Mailing Office Address, If Applicable

~~3000 ISLAND BLVD~~
Suite, Apt. #, etc. ~~1404~~

City & State

~~AVENURA FL~~

Zip

~~33160~~

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1999

5. FEI Number

65-0906707

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
PSTD	SUTEL, SAUL	5838 COLLINS AVENUE 3000 ISLAND BLVD # 1404	MIAMI BEACH FL 33140 AVENURA, FL 33160

8. Name and Address of Current Registered Agent

SUTEL, SAUL
5838 COLLINS AVE
#88
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

~~SUTEL, SAUL~~

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

~~3000 ISLAND BLVD~~

Suite, Apt. #, Etc.

~~# 1404~~

City

~~AVENURA~~

State

~~FL~~

Zip Code

~~33160~~

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.

Signature of
Registered Agent

SUTEL, SAUL

Date

5/22/03

REGISTERED AGENT MUST SIGN

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:

SUTEL, SAUL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/03 (905) 692-2090



HOFFMAN, LEVY, BENGIO & COHEN, PL
Certified Public Accountants and Consultants

2525 N. STATE ROAD 7 • SUITE 115
HOLLYWOOD, FL 33021
TEL: (954) 966-1141 • FAX: (954) 966-2474

May 23, 2003

Department of state
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Creative Hispanic Ent. Inc. - Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form. The taxpayer had open-heart surgery in 2001 and moved to a new location. We discovered the dissolution when the taxpayer was preparing his income tax returns. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$450.00 for the years 2003, 2002 and 2001.

Thank you very much for your help and understanding.

Sincerely,



Steven Z. Levy