

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PRR 1/2

APPLICATION
FOR



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

DOCUMENT # P99000035152

1. Corporation Name

ELEGANT CREATIONS, INC.

Principal Place of Business

6840 MAIN ST
HIALEAH FL 33014

Mailing Address

6840 MAIN ST
HIALEAH FL 33014

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1999

5. FEI Number

65-0919745

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
PVST	RODRIGUEZ, PATRICIA M	69 EAST 14TH STREET	HIALEAH FL 33010
D	RODRIGUEZ, PATRICIA M	69 EAST 14TH STREET	HIALEAH FL 33010

02 UBB

1000008594531
10/25/02--01066--010 **150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, PATRICIA M
69 EAST 14TH STREET
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name Same Name

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

6840 main street

Suite/Apt. #, Etc.

Miami Lakes, FL

City

State
FL

Zip Code
33014

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

Patricia M Rodriguez

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Patricia M Rodriguez

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

Daytime Phone #

CR2E040 (8/02)

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Elegant Creations
6840 Main Street
Miami Lakes, Florida 33014

To whom it may concern:

UBR notices have not been received prior to this one 10/21/02. The application has been signed and a check is enclosed of \$150.00 dollars. If You have any questions you may contact me at (305) 823-9198.

Sincerely,

Patricia Rodriguez
6840 Main Street
Miami Lakes, Florida 33014