

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 27 AM 11:06

DOCUMENT # 99000044344  
1. Corporation Name  
CREATIVE DESIGN SHOP, INC.

**REINSTATEMENT** 03-04

2. Principal Office Address  
7380 NW FIRST ST.  
Suite, Apt. #, etc.  
APT # 203  
City & State  
PLANTATION, FL.  
Zip  
33317 Country  
U.S.A.

3. Mailing Office Address  
437 E. 139TH ST.  
Suite, Apt. #, etc.  
City & State  
BRONX, NY  
Zip  
10454 Country  
U.S.A.

4/14/03 90348 036X150.00  
4. Date Incorporated or Qualified  
To Do Business in Florida  
05/14/99 MRS  
5. FEI Number  
650921008 Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
WALTER HING  
Street Address (P.O. Box Number is Not Acceptable)  
437 E. 139TH STREET  
Suite, Apt. #, Etc.  
7380 NW FIRST ST. APT # 203  
City  
BRONX PLANTATION State  
FL Zip Code  
33317

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 Walter Hing Date 5/25/04  
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	City / State / Zip
PRES.	BRUCE HING	<u>7380 NW FIRST ST.</u> <u>APT # 203</u>	<u>PLANTATION, FL 33317</u>
TREAS/ SECT.	WALTER HING	<u>7380 NW 1ST ST.</u> <u>APT # 203</u>	<u>PLANTATION, FL 33317</u>

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.

SIGNATURE: Walter Hing WALTER HING TREAS 5/25/04 (706)329-6663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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TO WHOM IT MAY CONCERN

No notification letter, stating that there is no Florida address was ever received by us. The Florida address is 7380 NW 1<sup>st</sup>. Street, Apt# 203, Plantation Florida 33317.

WE ALSO DID NOT RECEIVE ANY CORRESPONDANCE  
DATED APRIL 17<sup>th</sup> <sup>2003</sup> FROM THE STATE OF FLA.  
REQUESTING A CORRECTION BE MADE ON  
THE FORM.

Yours Truly

.....   
Walter E. Hing