

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046372

1. Corporation Name

CREATIVE FINANCIAL, INC.

Principal Place of Business

24314 PAINTER DRIVE  
LAND O LAKES FL 34639

Mailing Address

24314 PAINTER DRIVE  
LAND O LAKES FL 34639

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

05/21/1999

5. FEI Number

59-3579504

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BROWN, GUY E	24314 PAINTER DRIVE	LAND O LAKES FL 34639

8000008565288  
10/24/02--01037--018. \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Guy E. Brown

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

24314 Painter Dr.

Suite, Apt. #, Etc.

City

Land O Lakes

State  
FL

Zip Code  
34639

CR2E040 (8/02)

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

*Guy E. Brown*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

*Guy E. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 (813) 948-6373

Corporation Commission:

I received a notice of ADMINISTRATIVE DISSOLUTION OR REVOCATION for my s-corporation today.

I have a registered agent, who I mistakenly thought was taking care of these filings, as I have not received any other notice that this was due way back in the year. I apologize for this tardiness on my part, and ask that you accept my fee and filing, per the gentleman I spoke with on the telephone.

Thank you



Guy Brown – President  
Creative Financial, Inc.  
(813) 948-6373