

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:08

DOCUMENT # P99000109675

1. Corporation Name

CREATIVE PLACEZING, INC.

Principal Place of Business

Mailing Address

7380 SAND LAKE RD., SUITE 350
ORLANDO FL 32819

7380 SAND LAKE RD., SUITE 350
ORLANDO FL 32819



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

8820 Southern Breeze Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8820 Southern Breeze Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1999

5. FEI Number

59-3616875

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SIEGEL, ALAN A	7380 SAND LAKE RD., SUITE 350	ORLANDO FL 32819
D	SIEGEL, KIMBERLY	7380 SAND LAKE RD., SUITE 350 8820 Southern Breeze Dr.	ORLANDO FL 32819 32836
			200003515012--5 -12/28/00--011008--002 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov. 14, 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/00 407-363-9482
Date Daytime Phone #