

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -4 PM 5:07

DOCUMENT # P 99000109675

1. Corporation Name

Creative Placezing, Inc.

2. Principal Office Address

7509 Park Springs Cir.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

7509 Park Springs Cir.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/99

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. Name and Address of Current Registered Agent

Name

Kimberly Siegel

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

7509 Park Springs Cir.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Kimberly Siegel

REGISTERED AGENT MUST SIGN

Date

2/27/03

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
D	Kimberly Siegel	7509 Park Springs Cir.	Orlando, FL 32835

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:

Kimberly Siegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 (407) 822-7171

Date

Daytime Phone #

CR2E081 (10/02)



CREATIVE PLACEZING INC.

7509 PARK SPRINGS CIR. • ORLANDO, FL 32835

PHONE: 407.822.7171 • FAX: 407.299.8094

February 27, 2003

Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Creative Placezing, Inc. FEI 59-3616875

To Whom It May Concern:

Attached please find the Corporation Reinstatement Form for Creative Placezing, Inc. We have found that our corporation has been dissolved for non-renewal, however, we did NOT receive our 2002 Uniform Business Report notice.

We request the late fees be waived due to the circumstances. Please note that our address has changed.

We have enclosed a check for \$300.00 to reinstate. Thank you for your consideration in this matter.

Sincerely,

Kimberly Siegel

A handwritten signature in cursive script, appearing to read 'Kimberly Siegel', is written over a horizontal line.