

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

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DOCUMENT # **V69176**

1. Corporation Name

CREATIVE CUSTOM DESIGN MANUFACTURING, INC.

Principal Place of Business

683 W 27TH ST
HIALEAH FL 33010
US

Mailing Address

683 W 27TH ST
HIALEAH FL 33010
US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/05/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0366028	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	RODRIGUEZ, ARTURO	117 S.W. FLIGHT PLACE 4688 N.W. 114th Ave	MIAMI FL 33178
VP	HERNANDEZ, LEONEL	19221 NW 47TH AVENUE	MIAMI FL 33178

100003496931--0
-12/12/00-01045-018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~HERNANDEZ, MIRIAM~~
~~19721 NW 47TH AVRE~~
~~OPA LOCKA FL 33055~~

9. Name and Address of New Registered Agent

Name **ARTURO Rodriguez**
Street Address (P.O. Box Number is Not Acceptable) **4688 N.W. 114th Ave**
Suite, Apt. #, Etc. **#104**
City **miiami** State **FL** Zip Code **33178**

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 **10-13-00**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

Daytime Phone #

AD

(305) 882-6751