PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1996 NOV -4 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L47392

1. Corporation Name

CREATIVE PLAY ENVIRONMENTS, INC.

Principal Place of Business / Mailing Address

5601 CYPRESS HOLLOW WAY
NAPLES, FLORIDA 34109

100002001231--5
-11/12/96--01001--002
***575.00 ***575.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
1.29.90

5. FEI Number
650235486
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES, CEO, DIR	Allan Wilson	5601 Cypress Hollow Way Naples, FL 34109	NAPLES, FL 34109
V.P DIR	TOM ZIMMER	855 8TH STREET SOUTH	NAPLES, FL 33940
DIR	Lynn Greenwood	4480 EAST ALHAMBRA CIR.	NAPLES, FL 33940

REINSTATEMENT $ 610.00 TEO 11/10/96

8. Name and Address of Current Registered Agent

Allan Wilson
5601 Cypress Hollow Way
Naples, FL 34109

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 Allan Wilson Date 10.30.96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Allan Wilson 10.30.96 941-566-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (1/96)