

Division of Corporations

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# F05000002825

Florida Department of State  
Division of Corporations  
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RECEIVED  
05 MAY 12 PM 2:59  
DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION****Creative Socio-Medics Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALL  
FLORIDA

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P. 03

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Creative Socio-Medica Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 11-3215538

(FEI number, if applicable)

4. 8/14/1994

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 148 Second Street North; Suite 301; Saint Petersburg, FL 33701-3381

(Principal office address)

3500 Sunrise Highway; Suite D122; Great River, NY 11735

(Current mailing address)

8. To develop and market online internet educational programs

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

**Sohan Dindyal**  
Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLahassee, FLORIDA

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**A. DIRECTORS**Chairman: James L. ConwayAddress: 3500 Sunrise Highway, Suite D122Great River, NY 11739

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: CEO - Gerald KoopAddress: 3500 Sunrise Highway; Suite D122; Great River, NY 11739

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Oscar SchachterAddress: 3500 Sunrise Highway; Suite D122; Great River, NY 11739Treasurer: Anthony GrisantiAddress: 3500 Sunrise Highway; Suite D122; Great River, NY 11739

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Anthony Grisanti, Treasurer

(Typed or printed name and capacity of person signing application)

05 MAY 12 AM 5:51  
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FROM CORPORATION TRUST 302-655-2480

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# Delaware

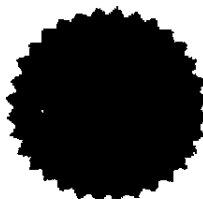
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREATIVE SOCIO-MEDICS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2372858 8300

050385769

AUTHENTICATION: 3873142

DATE: 05-11-05