

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000006751

1. Corporation Name

Creative Radio Services, Inc.

~~7410 0000 1889~~

400175002044
04/08/10--01043--018 **450.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

1310 SE 25th Terr

Suite, Apt. #, etc.

3. Mailing Office Address

1310 SE 25th Terr

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

7. Name and Address of Current Registered Agent

Name
Jeffrey Grossman

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

1310 SE 25th Terr

Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
33904

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jeffrey Grossman

Date 1/8/2010

REGISTERED AGENT MUST SIGN

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
Pres	Jeffrey Grossman	1310 SE 25th Terr	Cape Coral, FL 33904

4/21

08-10

10. E-mail Address: Sheethappensprep@aol.com

(To be used for future annual report notification)

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, I further certify, 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:

Jeffrey Grossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-10

Date

Daytime Phone #

316-258-4050