

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandwich B. North  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96348**

1. Corporation Name  
**CREATIVE PROBLEM SOLVERS, INC.**

Principal Place of Business  
**4000 N FEDERAL HWY  
STE 206  
BOCA RATON FL 33431  
US**

Mailing Address  
**4000 N FEDERAL HWY  
STE 206  
BOCA RATON FL 33431  
US**

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

2. New Principal Office Address, If Applicable

**1518 BROADWAY**

Suite, Apt. #, etc.

City & State

**KNOXVILLE, TN**

Zip

**37917**

Country

**KNOX**

3. New Mailing Office Address, If Applicable

**PO BOX 1072**

Suite, Apt. #, etc.

City & State

**KNOXVILLE, TN**

Zip

**37901**

Country

**KNOX**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/20/1982**

5. FEI Number

**59-2275873**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CSD	KREIS, BONITA M.	4055 SE CLUBHOUSE PLACE 1518 BROADWAY	STUART FL KNOXVILLE, TN 37917
PD	KREIS, HAZEN H.	4055 SE CLUBHOUSE PLACE 1518 BROADWAY	STUART FL KNOXVILLE, TN 37917
VD	KREIS, HAZEN H., III	4024 N.E. SUGAR HILLS AVE. 4384 NE SKYLINE DRIVE	JENSEN BEACH FL 34957
T	LARSEN, BRADLEY L.	820 EAST PARKWAY	STUART FL 34996

200002570202--6

-06/23/98--01030--031

\*\*\*\*323.75 \*\*\*\*323.75

8. Name and Address of Current Registered Agent

**KREIS, BONITA M.  
4055 SE CLUBHOUSE LANE  
STUART FL 34997**

9. Name and Address of New Registered Agent

Name

**BONITA M. KREIS**

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

**820 EAST PARKWAY**

Suite, Apt. #, Etc.

City

**STUART**

State

**FL**

Zip Code

**34996**

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

*Bonita M. Kreis*  
REGISTERED AGENT MUST SIGN

Date **5/22/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Bonita M. Kreis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/98**  
Date

**423-546-7931**  
Daytime Phone #

FILED

98 JUN 19 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1

CR20040 (8/97)

2



May 22, 1998

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement of Creative Problem Solvers, Inc. #F96348

Dear Sir:


We are requesting that all penalties and fees be waived on this account as we closed our office in Florida and did not receive the original Annual Report forms.

In this application for reinstatement we have changed our address so all future forms will be sent to our office in Knoxville, Tennessee.

As per our conversation this date with your office we are enclosing a check in the amount of \$323.75 to represent: \$165.00 for 1997, \$150.00 for 1998 and \$8.75 for a Certificate of Status.

We appreciate your understanding and assistance in this matter.

Sincerely,

  
Hazen Kreis  
President

POST OFFICE BOX 1072  
KNOXVILLE, TN 37901  
PHONE 423•546•7931  
FAX 423•546•9630