PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda 된 Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000025899 DOCUMENT

1. Corporation Name

CREATIVE SOLUTIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

2582 S MAGUIRE ROAD

2582 S MAGUIRE ROAD

#141

-	ì	Ë	n

03 OCT 17 AM !!: 11

SECRETARY OF STATE TALLAHASSEE. FLORIDA

OCOEE FL 34761 OCOEE FL 34761		1 761		一个高级的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个					
		incorrect in any way, line the				A Data Income	areted or Oscillad		
		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/07/2000					
Suite, Apt. #, etc. Suite, Apt. #		, etc.		5. FEI Number		1	Applied For		
City & State City & State		City & State			59-3701624			Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED		onal Fee required ficate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors 3		3	Street Address of Each Officer and/or Director		City / State / Zip			
P ENG, ROBERT C		2582 S MAGUIRE ROAD #141		OCOEE FL 34761					
						90 10/17/	 	278 **150	1 110
									4
**			 =					.	
					· · · · · · · · · · · · · · · · · · ·				
· <u>-</u>	<u> </u>		<u> </u>					· · · · · · · · · · · · · · · · · · ·	
	8 Nan	ne and Address of Curren	t Registered Age	ent		9. Name and	Address of New Register	red Agent	
				<u> </u>	Name				
RICH, STARR V 13234 SUBURBAN TERRACE WINTER GARDEN FL 34787				Street Address (Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Etc.						
					City	-		tate Zip Co	de
10. I, being	g appointed th	ne registered agent of the at	pove named corp	oration, am	familiar with and accept the c	obligations of Sect	ion 607.0505, F.S. or 617.	0505, F.S.	
		Atomorphis	r20550	r . 5 -	eggger og er er er er		14.1.	-1-	$\overline{}$

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

10/13/03 401-8777650

PRINTER NAME OF SIGNING ORFICED OR DIRECTOR

REGISTERED AGENT MUST SIGN.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

October 13, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Creative Solutions of Central Florida, Inc.

#P00000025899

To Whom It May Concern:

Since we did not receive a renewal 2003 corporation annual/report uniform business report the company was dissolved. It was not supposed to be dissolved because the business is still operating. It seems that the renewal was either lost in the mail or the post office did not deliver it to us.

If you can send us two renewals each year, one of them has to be delivered. Please reinstate us as soon as possible.

Enclosed please find \$150.00, and I do apologize for any inconvenience.

Thank you,

Robert Eng

President