

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 12 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000072658**

**1. Corporation Name**

5 CREATIVE SOLUTIONS, INC.

14748 SW 123 AVENUE

14748 SW 123 AVENUE

**2. Principal Office Address**

14748 SW 123 AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

14748 SW 123 AVENUE

Suite, Apt. #, etc.

**City & State**

MIAMI, FLORIDA

**City & State**

MIAMI, FLORIDA

**Zip**

33186

**Country**

USA

**Zip**

33186

**Country**

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 07/31/2000

**5. FEI Number**

59-0325768

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

ERICK J. CINCO

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

14748 SW 123 AVENUE

Suite, Apt. #, Etc.

**City**

MIAMI

**State**

FL

**Zip Code**

33186

**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

Date 07/07/2004

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
PSD	ERICK J. CINCO	14748 SW 123 AVENUE	MIAMI, FL 33186
VTD	KENIA L. CINCO	14748 SW 123 AVENUE	MIAMI, FL 33186

600039641076  
07/28/04--01036--014 \*\*150.00

**10. 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:**

07/07/2004

786-242-9624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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Miami, July 7<sup>th</sup>, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: 5 CREATIVE SOLUTIONS, INC.  
Doc Number P00000072658

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.


We are enclosing a check for \$150.00 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2000.

Your consideration will be greatly appreciated.

Sincerely,



Kenia L. Cinco  
Vice-President  
14748 SW 123 Avenue  
Miami, FL 33186