

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 28 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000093828

1. Corporation Name

CREATIVE RISK SOLUTIONS, INC.

2. Principal Office Address

150 S. Palmetto Ave.

3. Mailing Office Address

19 Grandview Drive

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Daytona Beach, Fl.

City & State

Palm Coast, Fl.

Zip

32114

Country

U.S.A.

Zip

32137

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/29/2000

5. FEI Number

65-1045877

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

J. Doyle Tumbleson

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

150-A S. Palmetto Ave.

Suite, Apt. #, Etc.

City

Daytona Beach, Fl. 32114

State

FL

Zip Code

32114

REINSTATEMENT 01-02-78

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**

J. Doyle Tumbleson
REGISTERED AGENT MUST SIGN

Date

1/24/02

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
PSTD	William A. Ohrenberger	19-Grandview Drive	Palm Coast, Fl. 32137

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:

William A. Ohrenberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/02

Daytime Phone #

CR2E081 (9/01)