

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 SEP -9 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000106805**

**1. Corporation Name**

Creative Sales Group Worldwide, Inc

000007730020--0  
-09/13/02--01034--024  
\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

9140 W. Bay Harbor Dr.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

City & State

Bay Harbor Island

City & State

Zip

33154

Country

USA

Zip

Country

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

12/06/2000

**5. FEI Number**

65-1058655

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

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

Name

Rosely De Aquino

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

9140 W. Bay Harbor Dr.

Suite, Apt. #, Etc.

5

City

Bay Harbor Island

State  
FL

Zip Code

33154

**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

*Rosely De Aquino*  
REGISTERED AGENT MUST SIGN

Date

09/03/02

**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
PVST	Rosely De Aquino	9140 W. Bay Harbor Dr #5	Bay Harbor, FL. 33154
D	Rosely De Aquino	91440 W. Bay Harbor Dr # 5	Bay Harbor, FL. 33154

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/03/02

Daytime Phone #

CR2E081 (9/01)

js 9/10/02