PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 FEB 12 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA
200028061212
02/02/04--01098--006 **750.00

DOCUMENT # P00000106805

1. Corporation Name

Creative Sales Group Worldwide, Inc.

2. Principal Office Address	**3.** Mailing Office Address
12944 SW 248 Terr.	12944 SW 248 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead FL 33032	City & State: Homestead FL 33032
Zip: 33032 Country: Dade	Zip: 33032 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/2000

5. FEI Number: 65-1058655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Rosely De Aquino

200028061212
02/24/04--01021--020 **150.00

Street Address (P.O. Box Number is Not Acceptable): 12944 SW 248 Terr

Suite, Apt. #, Etc.:

City: Homestead State: FL Zip Code: 33032

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 Date: 01/28/04
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
PVST	De Aquino, Rosely	12944 SW 248 Terr	Homestead, FL 33032
D	De Aquino, Rosely	12944 SW 248 Terr	Homestead,FL 33032

REINSTATEMENT 03-04

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: Rosely de Aquino 01/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #