

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 APR -3 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031623

1. Corporation Name

CREATIVE INSTINCTS ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~202 3 STREET~~

~~202 3 STREET~~

~~JUPITER FL 33458~~

~~JUPITER FL 33458~~

3385 SE Cassell Lane
Stuart, FL 34997

3385 SE Cassell Lane
Stuart, FL 34997

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3385 SE Cassell Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3385 SE Cassell Lane

Suite, Apt. #, etc.

City & State

Stuart FL

Zip 34997

Country USA

City & State

Stuart FL

Zip 34997

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/2001

5. FEI Number

65-1090294

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pr/D	Shawn Mitchell	3385 SE Cassell Lane	Stuart, FL 34997

700015290917
04/03/03--01048--003 **\$00.00

8. Name and Address of Current Registered Agent

MITCHELL, SHAWN

~~202 3 STREET~~

~~JUPITER FL 33458~~

9. Name and Address of New Registered Agent

Name

Mitchell Shawn

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

3385 SE Cassell Lane

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 04/02/03

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Mitchell
President
Thesun

04/02/03

Date

Daytime Phone #

772-223-8485

CR2E040 (8/02)