

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 02000088533

1. Corporation Name

CREATIVES SOFTWARE DESIGNS

2. Principal Office Address

1560 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.

400

City & State

SUNRISE, FLORIDA

Zip

33323

Country

USA.

3. Mailing Office Address

235 E 11TH ST

Suite, Apt. #, etc.

City & State

HIACEEA, FLORIDA.

Zip

33010

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

72-1532019

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

ANDREA MONSERRAT CELESIA

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

9200 BAY HARBOR TERRACE

Suite, Apt. #, Etc.

2A

City

BAY HARBOR ISLANDS

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

REGISTERED AGENT MUST SIGN

Date 10/9/03

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
P	ANDREA M. CELESIA	9200 BAY HARBOR TERR #2A	BAY HARBOR ISL, 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

10/9/03

Date

786-326-3482

Daytime Phone #

CR2E081 (10/02)

7/10/15

October 9, 2003.

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the Corporation Reinstatement form for my corporation, Creatives Software Designs. I am sending this now, because I have recently found that my corporation is inactive. In addition, I never received an Annual Business Report for this year. I am therefore sending the amount of \$150.00 to reinstate my corporation.

Thank you in advance for your attention to this matter. Our mailing address as of September 1st of this year is 235 E 11th ST, Hialeah, FL 33010. Should you need to contact me, please do so at this mailing address.

Sincerely,



Andrea Monserrat Celesia
President
Creatives Software Designs