

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

09 JAN 20 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162009 REIN-P CR2E098 (1/07)

|   |                             |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
|---|-----------------------------|---|--|--|---------------------------------|------|--------------------------|--|----------------|-------------------|--|-------------|--|--|--|--|--|-------|------|---|------|---------------------|--|----------------|-----------------------------|--|-------------|-------------------|--|
| <b>DOCUMENT # P03000042887</b><br>1. Entity Name<br><b>CREATIVE MEDICAL SOLUTIONS, INC.</b>   |                             |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| Principal Place of Business<br><b>609 GRAND NATIONAL PLACE<br/>SEFFNER, FL 33584</b>  |                             |   | Mailing Address<br><b>609 GRAND NATIONAL PLACE<br/>SEFFNER, FL 33584</b> |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  | 4. FEI Number<br><b>56-2345564</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                             |   |  | 6. Name and Address of Current Registered Agent<br><br><b>READ, EDWARD H<br/>609 GRAND NATIONAL PLACE<br/>SEFFNER, FL 33584</b>  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |                             |   |  | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Edward H. Read</i></u> <b>Edward H. Read</b> <u>1-16-2009</u><br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| <b>FILE NOW!!! FEE IS \$900.00</b>  |                             |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD<br/>READ, EDWARD H</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>609 GRAND NATIONAL PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SEFFNER, FL 33584</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |                             |   | TITLE  | PSTD<br>READ, EDWARD H   | <input type="checkbox"/> Delete | NAME | 609 GRAND NATIONAL PLACE |  | STREET ADDRESS | SEFFNER, FL 33584 |  | CITY-ST-ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>600141491516</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>01/20/09--01057--003</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>**\$900.00</b></td> <td></td> </tr> </table> |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | <b>600141491516</b> |  | STREET ADDRESS | <b>01/20/09--01057--003</b> |  | CITY-ST-ZIP | <b>**\$900.00</b> |  |
| TITLE   | PSTD<br>READ, EDWARD H      | <input type="checkbox"/> Delete   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| NAME  | 609 GRAND NATIONAL PLACE    |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| STREET ADDRESS  | SEFFNER, FL 33584           |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| CITY-ST-ZIP   |                             |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| TITLE   | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
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| CITY-ST-ZIP   | <b>**\$900.00</b>           |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered. |                             |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |
| SIGNATURE: <u><i>Edward H. Read</i></u> <b>Edward H. Read</b> <u>1-16-2009</u> <u>(813) 310-9100</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |                             |   |  |  |                                 |      |                          |  |                |                   |  |             |  |  |  |  |  |       |      |   |      |                     |  |                |                             |  |             |                   |  |