(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APPLICATION FOR REINSTATEMENT

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

P95000094908

99 DEC -7 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011839

1. Corporation Name
CREATIVE STAGING SYSTEMS INC

Principal Place of Business	Mailing Address
7718 NW 54 ST. MIAMI.FL 33166	

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1099 E 27 ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL.	City & State
Zip: 33013 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/92

5. FEI Number: 65-035660 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ANTHONY FANDINO	1099 E. 27 ST HIALEAH FL 33013	HIALEAH. FL

600003070495--6
-12/15/99--01009--027
****865.00 ****865.00

SP

8. Name and Address of Current Registered Agent

ANTHONY FANDINO
1099 E. 27 ST.
HIALEAH FL 33013

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E051 (10/99)

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 12/3/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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

12/3/99 Date

305-693 1374 Daytime Phone #

139 P02 DEC 03 '99 13:18

850521820 OSC

(2)

Creative Staging Systems inc.

1099 E. 27th Street
Hialeah , Fla. 33013

Phone: 305-693-1374
Fax: 305-693-1375

To whom it may concern,

I Anthony Fandino have not received an annual report for year 1995 and beyond.
Please waive any late fees due to this problem concernig our corprate reinstatement.

Sincerely,

Anthony Fandino
Pres. Creative Staging sys.

Perfection is our Goal