PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HO

APPLICATION FOR 96 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000009921

1. Corporation Name

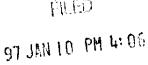
CREATIVE LIVING SPACES INC.

Principal Place of Business

Mailing Address

1082 OVINGTON BOAD

1082 OVINGTON ROAD



JACKSONVILLE FL 32216-		JACKSONVILLE FL 32246		I HODINOON IN HOUSE HITH OUTS DERIN ONLY BOUND BOING TERMS TO IT IN THE TRACE HELD TO IT.				
If above addresses are incorrect in any way, line through incorrect information and enter correction					1			
P.O. Box 16314 P.O.			P.O. BOX 163K	1 1 2 0 0 .		4. Date Incorporated or Qualified To Do Business in Florida 02/03/1993		
Jacksonville, M. Ja			Suite, Apt. #, etc. Jacksonville City & State	disonville, D.		5. FEI Number 59-3161672 Applied Fo		
Zip 32245 Diwal Zip 32:						6. S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addr	esses of Each Officer and	or Director (Florida nonprofit corpo	rations must list at lea	ast 3 directors)			
Namo of Officers and/or Directors			S C 3 (Do NOT L	Street Address of Each Officer and/or Director City / State / Zip On NOT Use Post Office Box Numbers)			/ State / Zip	
D	TUMMILLO,	STEVEN J	212 KALEY ST	7		RLANDO FE 82806	the Pr. 32225	
D	TUMMILLO, DIANA M		212 XALEY ST	L.	0	RLANDO FL 42806	Inc provides	
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				5 3 200			Watar	
	A Name	and Address of Current	Registered Agent		Q Name and Addr	ess of New Register	1/10/97	
8. Name and Address of Current Registered Agent Name					5. Haille allu Auur	ESS OF NOTE TO GISTO	ou Agent	
TUMMILLO, STEVEN J 212 KALEY ST 11736 Seaview Dr. OBLANDO FL 38806 Jallsonville, F1. 32225				Street Address (P.O. Box Number is Not Acceptable)				
OPLANDO FI 38806 Jallsonville,			1/16,47.32225	Suite, Apt. #, Etc	· · · · · · · · · · · · · · · · · · ·			
				City			State Zip Code	
10. I. beir	ig appointed the	registered agent of the ab	ove named corporation, am familiar	with and accept the o	bligations of Section 6			
Signature Registered	of C d Agent :	-	TCummilb EGISTERED AGENT MUST SIGN			Date 4/20	196	
11. D	oes this c ept. of Re	orporation pay ovenue under S.	any intangible tax to t 199.032, Florida Sta	he tutes. Yes	□ No 🏻		er side for information intangible tax.)	
12. I certif	y that I am an of instatement appl	ficer or director or the rece loation, the reason for diss	iver or trustee empowered to execut olution has been eliminated, the cor	te this application as porate name satisfies	provided for in chapter the requirements of s	607 or 617, F.S. I ful ection 607,0401 or 6	rther certify that when filing	

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.