

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

97 JAN 10 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009921

1. Corporation Name

CREATIVE LIVING SPACES INC.

Principal Place of Business

Mailing Address

~~1082 OYINGTON ROAD  
JACKSONVILLE FL 32216~~

~~1082 OYINGTON ROAD  
JACKSONVILLE FL 32216~~



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

P.O. Box 16314  
Suite, Apt. #, etc.  
Jacksonville, FL  
City & State

P.O. Box 16314  
Suite, Apt. #, etc.  
Jacksonville, FL  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1993

5. FEI Number

59-3161672

Applied For

Not Applicable

Zip  
32245

Country  
DUAL

Zip  
32245

Country  
DUAL

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TUMMILLO, STEVEN J	<del>212 KALEY ST</del> 11736 Seaview Dr.	<del>ORLANDO FL 32808</del> Jacksonville, FL 32225
D	TUMMILLO, DIANA M	<del>212 KALEY ST</del> ↓	<del>ORLANDO FL 32808</del> ↓
			900002057459--7 -01/14/97--01141--018 ****375.00 ****375.00
			REINSTATEMENT 1996 A. Alan 1/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUMMILLO, STEVEN J  
212 KALEY ST  
ORLANDO FL 32808  
11736 Seaview Dr.  
Jacksonville, FL 32225

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Steven J. Tummillo

REGISTERED AGENT MUST SIGN

Date 12/23/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

Steven J. Tummillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/96

Date

(904) 622-3125

Daytime Phone #

CR2E040 (7/96)