

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 NOV 18 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019729

1. Corporation Name

CREATIVE SOLUTIONS INTERACTIVE, INC.

Principal Place of Business

Mailing Address

~~4230 SOUTH MACDILL AVE., SUITE E~~  
~~TAMPA FL 33611~~

~~4230 SOUTH MACDILL AVE., SUITE E~~  
~~TAMPA FL 33611~~

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

~~Suite, Apt. #, etc.~~  
~~Suite 203~~

~~Suite, Apt. #, etc.~~  
~~Suite 203~~

~~City & State~~  
~~Tampa FL~~

~~City & State~~  
~~Tampa FL~~

~~Zip~~  
~~33629~~

~~Country~~  
~~USA~~

~~Zip~~  
~~33629~~

~~Country~~  
~~USA~~

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/01/1996

5. FEI Number

59-3373207

Applied For

Not Applicable

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
1	MILLER, RAYMOND B	3505 PALMIRA AVE.	TAMPA FL 33629
2	FYVOLENT, ARTHUR S	<del>4610 S ESPERANZA AVE</del> 4815 West Sunset Blvd	TAMPA FL <del>33611</del> 33629

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MILLER, RAYMOND B~~  
~~4230 SOUTH MACDILL AVE., SUITE E~~  
~~TAMPA FL 33611~~

Fyvolent, Arthur S.  
2907 Bay To Bay

Name

Arthur S. Fyvolent

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

2907 Bay to Bay Blvd

Suite, Apt. #, Etc.

# 203

City  
Tampa

State  
FL

Zip Code  
33629

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 Nov 16, 1998

11. This corporation owes or has paid 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 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

Arthur S. Fyvolent, Pres. Nov 16 1998

Date

Daytime

813-  
835-  
8512

CR25040 (9/98)