

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000078220

1. Corporation Name

CREATIVE SYSTEM SOLUTIONS, INCORPORATED

FILED

97 OCT 27 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

830 S THIRD ST  
SUITE 205  
JACKSONVILLE FL 32250

Mailing Address

830 S THIRD ST  
SUITE 205  
JACKSONVILLE FL 32250

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

2. New Principal Office Address, If Applicable

310 Corporate Way  
Suite 100  
Orange Park, Florida  
32073 Clay

3. New Mailing Office Address, If Applicable

310 Corporate Way  
Suite 100  
Orange Park, Florida  
32073 Clay

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1996

5. FEI Number

59-3412988

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MERCER, DEREK	482 UPPER 8TH AVE S	JACKSONVILLE BEACH FL 32250
D	PAGE, MARK	10407 CENTURION PKWY N SUITE 101	JACKSONVILLE FL 32256
D	Mercer, Derek	310 Corporate Way, suite 100	Orange Park, FL 32073
D	Sears, John D.	310 Corporate Way, suite 100	Orange Park, FL 32073

8. Name and Address of Current Registered Agent

MERCER, DEREK  
830 S THIRD ST  
SUITE 205  
JACKSONVILLE FL 32250

9. Name and Address of New Registered Agent

Name

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

310 Corporate Way, Suite 100

City

Orange Park

State

FL

Zip Code

32073

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

10/24/97

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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Derek Mercer

10/24/97  
Date

904 278-9998  
Daytime Phone #

CR2040 (9/97)