

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000014714

1. Corporation Name  
CREATIVE SOFT SURFACES INC.

Principal Place of Business Mailing Address  
16105 NE 18 Avenue  
North MIAMI Beach, Florida 33162

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

2. New Principal Office Address, If Applicable  
16105 NE 18 Avenue  
Suite, Apt. #, etc. N/A  
City & State N MIAMI Beach FL  
Zip 33162 Country DUSA

3. New Mailing Office Address, If Applicable  
16105 NE 18 Avenue  
Suite, Apt. #, etc. N/A  
City & State N MIAMI Beach FL  
Zip 33162 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/14/97  
5. FEI Number 59-3413216  
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	VICTOR RONES	16105 NE 18 Avenue N MIAMI Beach FL	N MIAMI Beach FL 33162
P/S	GARRETH HANCOCK	8405 DENNING Drive	WINTHROP FL 32789

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

To Mr. Ted Brady  
1461 NE 169th  
N MIAMI Beach FL 33162

Name VICTOR RONES  
Street Address (P.O. Box Number is Not Acceptable)  
16105 NE 18 Ave  
Suite, Apt. #, Etc.  
City N MIAMI Beach State FL Zip Code 33162

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  
REGISTERED AGENT MUST SIGN

Date 8/24/97

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 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

Date 8/24/97

305 9456522  
Daytime Phone #

CR2001 (12/96)