## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretaty of State

DOCUMENT # P9700

P97000014714

1. Corporation Name

CREATIVE SOFT SURFACES INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

16105 NE 18 AVENUE N. MIAMI BEACH EL 33163

SIGNATURE:

16105 NE 18 AVENUE N. MIAMI BEACH EL 3310 FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. MIAMI E	BEACH FL 331	62	N. MIAMI BEACH FL 33162			100110011 (10 1811) 100)) 00)   4511: 0011 0040) 1191/ 67611 (FOOT 1191) 0101			
If above a	ddresses are	incorrect in any way, line thr	ough incorrect in	formation a	nd enter correction below.	REINS	TATEMENT	r () b	
		ddress, If Applicable		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida- 02/14/1997			
Suite, Apt. #, etc. Suite,				ite, Apt. #, etc.			5. FEI Number Applied For		
City & State	•		City & State			09-3413216 Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Zip Country			Zip		Country				
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			City / State / Zip		
D	RONES, VICTOR			16105 NE 18 AVENUE		N. MIAMI BEACH FL 33162			
P/S	HANCOCK, GARRETT			840 S. DENNING DRIVE			WINTER PARK FL 32789		
							00003509 -12/20/001 ****600.00 ****600-0	****600.00 1288—-3 11083008	
					****150.00 ****150.00				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
RONES, VICTOR Street Address (						(P.O. Box Number is Not Acceptable)			
16105 NE 18 AVENUE						,			
N. MIAMI BEACH FL 33162  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 REGISTERED AGENT MUST SIGN									
11. 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									