

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 # **P97000037640**

1. Corporation Name
CREATIVE SOURCING INTERNATIONAL INC
13058 S.W. 133rd CT
MIAMI FL 33186

Principal Place of Business
13058 S.W. 133rd CT.
MIAMI FL 33186

Mailing Address
SAME

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

2. New Principal Office Address, If Applicable
ABOVE

3. New Mailing Office Address, If Applicable
ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida
1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0757146

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	STANTON FREEDMAN	13058 S.W. 133 rd CT.	MIAMI FL 33186
SECY	" "	" "	" " "
			200002678642-4
			-11/03/98-01023-001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
STANTON FREEDMAN

Street Address (P.O. Box Number is Not Acceptable)
13058 S.W. 133rd CT.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33186

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 **Stanton Freedman Pres**

Date **10/27/98**

REGISTERED AGENT MUST SIGN

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: **STANTON FREEDMAN**
Stanton Freedman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TL OCT 30 1998
10/27/98 **305-**
Date Daytime Phone # **971-0210 #14**

CR2E040 (1/98)