PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P98000040557

1. Corporation Name

CREATIVE STRATEGIES, INC.

Principal Place of Business	Mailing Address
5304 S.W. 138 COURT MIAMI FL 33175	5304 S.W. 138 COURT MIAMI FL 33175

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
17730 NW 67th Ave	~~17730 NW 67th Ave~~
Suite, Apt. #, etc.: 516	Suite, Apt. #, etc.: ~~516~~
City & State: Miami Fl	City & State: Miami Fl
Zip: 33015 County: dade	Zip: 33015 County: dade

4. Date Authorized/Qualified To Do Business in Florida: 05/04/1998

5. FEI Number: 65-0831705 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
PD	SANTANA, JUAN CARLOS	1455 N.E. 142 STREET	N. MIAMI FL 33161
~~PWK~~	~~LOPEZ, DANIEL~~	~~5304 S.W. 138 COURT~~	~~MIAMI FL 33175~~
DVP	DANIEL LOPEZ	17730 NW 67th Ave # 516	Miami, Fl 33015

8. Name and Address of Current Registered Agent

LOPEZ, DANIEL
5304 S.W. 138 COURT
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name: DANIEL LOPEZ
Street Address (P.O. Box Number is Not Acceptable): 17730 NW 67th ave
Suite, Apt. #, Etc.: 516
City: Miami
State: FL
Zip Code: 33015

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 REQUIRED — Date: 11-18-99

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

SIGNATURE: SIGNATURE REQUIRED — 11-18-99 — (305)888-6165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002355
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

CREATIVE STRATEGIES, INC.

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