

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JAN 26 11:10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103253

1. Corporation Name

Creative Surface Technologies, Inc.

400087198214  
02/02/07--01037--003 \*\*450.00

2. Principal Office Address - No P.O. Box #

5425 W Crenshaw St

3. Mailing Office Address

5425 W Crenshaw St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa Florida

Zip

33634

Country

Zip

33634

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-10-98

5. FEI Number

59-3544896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED:

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Albert N Docobo

Street Address (P.O. Box Number is Not Acceptable)  
5425 W Crenshaw St

Suite, Apt. #, Etc.

City  
Tampa

State

FL

Zip Code

33634

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Albert N Docobo*  
President RA

Date 1-22-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Albert N Docobo	5425 W Crenshaw St	Tampa, Florida

REINSTATEMENT

B 1/29/07  
05-07

10. 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 contained in Chapter 119, 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

*Albert N Docobo*  
PRESIDENT

Date

Daytime Phone #

1-22-07 813 896-4496