


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN -6 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S65023					
1. Corporation Name CREATIVE VENTURES OF NAPLES, INC.					
Principal Place of Business % GERALD P. FLAGEL 800 LAUREL OAK DR. SUITE 200 NAPLES FL 33963		Mailing Address % GERALD P. FLAGEL 800 LAUREL OAK DR. SUITE 200 NAPLES FL 33963			
C.H. DEAN & ASSOCIATES - C/O MARK E. SCHUTTER <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable 1880 KETTERING TOWER Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/05/1991	
City & State DAYTON, OHIO		City & State		5. FEI Number 31-0532285	
Zip 45423		Country		6. <input type="checkbox"/> 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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P	FLAGEL, GERALD P. MEREDITH MOSS LEVINSON	800 LAUREL OAK DR #200 5724 HEATHER HOLLOW	NAPLES FL DAYTON, OHIO 45415		
S	MASON, PAMELA S. DAVID MOSS	9610 RIVIERA DR 16 DAN STREET	SARASOTA FL JERUSALEM, ISRAEL		
M	MARK E. SCHUTTER	1880 KETTERING TOWER	DAYTON, OHIO 45423		
			300002051739--2 -01/09/97--01012--004 ****575.00 ****575.00		
REINSTATEMENT					
8. Name and Address of Current Registered Agent FLAGEL, GERALD P. 800 LAUREL OAK DR. SUITE 200 NAPLES FL 33963			9. Name and Address of New Registered Agent Name MEREDITH LEVINSON Street Address (P.O. Box Number is Not Acceptable) KOBERNICK HOUSE APT. #B212 Suite, Apt. #, Etc. 1955 NORTH HONORE AVENUE City SARASOTA, FLORIDA		
			State FL		
			Zip Code 34235		
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 <i>[Signature]</i> SIGNATURE REQUIRED Date FEB.07, 1996. REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 <i>[Signature]</i>			FEB.07, 1996 937-222-3326		

C-200 (6/95)