

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 OCT 10 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000109134

1. Corporation Name

Creative Land Concepts, Inc.

2. Principal Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

3000

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

3000

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/09/02

5. FEI Number

22-3877820

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

Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue

Suite, Apt. #, Etc.

3000

City

Miami

State
FL

Zip Code
33131

500024241795

10/09/03--01012--024 \$758.75

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

INTRASTATE REGISTERED AGENT CORPORATION
By: *[Signature]*, as its Vice President

Date 10/13/2003

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
Pres/Dir	Edwin J. Turanchik	2111 N. Albany Ave.	Tampa, FL 33607
VP/Dir	William L. Bishop	2111 N. Albany Ave.	Tampa, FL 33607
Sec.	Teresa Caddick	2111 N. Albany Ave.	Tampa, FL 33607
Treas	Doris Cooper	2111 N. Albany Ave.	Tampa, FL 33607

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 under section 119.07(3)(f), 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

Edwin J. Turanchik, Pres.

10/09/03

Date

813-253-0050

Daytime Phone #

CR12E081 (1/0/02)