

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



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

FILED

00 OCT 31 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 622240

1. Corporation Name

CREATIVE BUSINESS AND REAL ESTATE INVESTMENTS C
O.

Principal Place of Business

10817 DOMINCO STREET
ORLANDO FL 32825
US

Mailing Address

10817 DOMINCO STREET
ORLANDO FL 32825
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1979

5. FEI Number

59-1971088

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	SCHROEDER, EDNA MAE	6015 SW 57 AVE 210A New Address: 10817 DOMINCO ST. ORLANDO, FL 32825	CORAL GABLES FL

8. Name and Address of Current Registered Agent

SCHROEDER, EDNA MAE
10817 DOMINGO STREET
ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name
EDNA MAE SCHROEDER
Street Address (P.O. Box Number is Not Acceptable)
10817 DOMINCO ST.
Suite, Apt. # Etc.
City
ORLANDO
State
FL
Zip Code
32825

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]
REGISTERED AGENT MUST SIGN

Date 10-24-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Edna Mae Schroeder, Pres/Sec. 10-24-00
Date Daytime Phone #

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Oct 24, 2000

10817 Domino St.
Orlando, FL 32825

Re: FEI No. 59,197, 1088

Please refer to "Application for Return statement" notice. I never received a notice that anything was remiss concerning Doc. # 622240. I had formally changed addresses & received the notice of Filing Notice on time - done via telephone. I do not want my corp. dissolved, you cashed my \$150 check #460 dated 4-17-00.

Hope this letter satisfies the complication. My writing is bad due to a broken arm. I'm presently in GA at 341 Stone Mill Dr., Brunswick 31520. PR-912-466-0611 for surgery on arm scheduled today. My legal co. & home address is FL - as on Form.

Thank you,

Eana Mae Schaefer
Pres/Sec.

(over)