

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006115

1. Corporation Name

CREATIVE CONTRACTING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

10051 N. W. 99th Avenue
Medley, FL 33178

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

3487 Byron Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Norman Cohen

City & State

City & State

Longboat Key, FL

Zip

Country

Zip 34228

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/94

5. FEI Number

13-3678624

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Norman Cohen	3487 Byron Lane Longboat Key, FL 34228	

REINSTATEMENT

97-98

SL
6-11-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Norman Cohen
3487 Byron Lane
Longboat Key, FL 34228

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Norman Cohen
REGISTERED AGENT MUST SIGN

Date June 4, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Norman Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 1998 305-885-1500

Date

Daytime Phone #