

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 19 AM 10:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G33503

1. Corporation Name

CREATIVE CONSTRUCTION ENTERPRISES INC
14811 TURNER RD.
TAMPA, FL 33624

2. Principal Office Address

SAME

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA

City & State

FL

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-18-1983

5. FEI Number

592274470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS A. SHEPHERD

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

4242 GOLF CLUB LN

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

Thomas A. Shepherd
REGISTERED AGENT MUST SIGN

Date

2-14-02

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
<u>PRES</u>	<u>THOMAS A. SHEPHERD</u>	<u>4242 GOLF CLUB LN</u>	<u>TAMPA, FL 33624</u>
<u>VP</u>	<u>MICHAEL V. SHEPHERD</u>	<u>2825 S. RODEO GULCH #1</u>	<u>SOQUEL, CA 95073</u>

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)(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:

Thomas A. Shepherd THOMAS A. SHEPHERD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/02 813-390-5687
Daytime Phone #

CR2E081 (9/01)