## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT#** 

H21475

1. Corporation Name

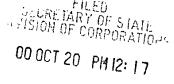
CREATIVE CUSTOM CLOSETS, INC.

Principal Place of Business

Mailing Address

2239 15 ST. SUITE A

2239 15 ST. SUITE A



SARASOTA FL 34237			SARASOTA	SARASOTA FL 34237			T (BELOUX BILLO LIBOR HIGH BIRN) HOUR GARL GALL BIRN BLOCK BIRN BIRN BIRN BIRN HOUR		
If above a	ddresses are i	incorrect in any way, line	through incorrect ir	nformation and	d enter correction below.	DEIN	CTATENIER	17 OD	
New Principal Office Address, If Applicable     3. New N				iling Office Address, If Applicable		4. [Dátě:tricorp	ofated of Qualified	EAST	
Suite, Apt. #, etc. Su			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State			City & State			59-2467986 Not Applicable		Not Applicable	
Zip	ip Country		Zip	Zip Count		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		5 Additional Fee required or a Certificate of Status	
7. Names a	and Street Add	tresses of Each Officer a	nd/or Director (Flo	rida nonprofit	corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State / Zip		
DP.	PINTO, MARK J., SR.			2239 15TH ST SUITE A			SARASOTA FL		
٧	PINTO, KATHLEEN			2239 15TH ST SUITE A			SARASOTA FL		
S	PINTO, NOELLE			2239 15TH ST SUITE A			SARASOTA FL		
T	PINTO, MARK J. JR.			2239 15TH ST SUITE A			SARASOTA FL		
				p6)			10003455 -11/07/000 40****750.60	3255 1091011 ****750.00	
8. Name and Address of Current Registered Agent						9. Name and A	Address of New Registered A	Naent	
PINTO, KATHLEEN 1110 91ST STREEET NW					<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)			
BRADENTON FL 34209				Suite, Apt. #, Etc.			State Zip Code		
10. I, being Signature of Registered		antio	<i>a</i> ~ `	2	miliar with and accept the o	obligations of Secti		-02)	
								7	

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 filling 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.

Phone: (941) 953-3672

## Creative CLOSETS "Unique Closet Systems"

Fax: (941) 953-3636

10-17-00

Dear Mo Harris

New is our chief forthe remotatement for fix.

document # 421475. If am the agent and an

office for Creative Centers Closets Inc. (U.E. had a

fice in suc place of browness and files were

stattened and mispland for morrido. I was

also set of the office for a genore of timestice to

messace meeters. If documentation is necessary

for the above mixtured please let me know

If any position of this fix can be issued I would

appreciate set Please notify me by wedny to

the address below in facing me by wedny to

the address below in facing me at 941-953-3636.

We have always filed on time education these year die

to the complexations we had

Screenly Kathleen Finto

Enclosed: Charl # /692 for \$750.00