

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:17

DOCUMENT # H21475

1. Corporation Name

CREATIVE CUSTOM CLOSETS, INC.

Principal Place of Business

Mailing Address

2239 15 ST. SUITE A
SARASOTA FL 34237

2239 15 ST. SUITE A
SARASOTA FL 34237



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

4. Date incorporated or Qualified
To Do Business in Florida

09/17/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2467986

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	PINTO, MARK J., SR.	2239 15TH ST SUITE A	SARASOTA FL
V	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

500003455525--5

-11/07/00-01091-011

***750.00 ***750.00

8. Name and Address of Current Registered Agent

PINTO, KATHLEEN
1110 91ST STREET NW
BRADENTON FL 34209

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10-12-00

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:

Kathleen Pinto
Kathleen Pinto

Date

10-12-00

Daytime Phone #

941-953-3622

941-792-2014

Phone: (941) 953-3672

Creative CLOSETS

"Unique Closet Systems"

Fax: (941) 953-3636

10-17-00

Dear Mr. Harris,

Here is our check for the reinstatement fee for document # H21475. I am the agent and an officer for Creative Custom Closets, Inc. We had a fire in our place of business and files were scattered and misplaced for months. I was also out of the office for a period of time due to medical matters. If documentation is necessary for the above mentioned please let me know. If any portion of this fee can be waived I would appreciate it. Please notify me by sending to the address below or faxing me at 941-953-3636. We have always filed on time except for this year, due to the complications we had.

Sincerely,
Kathleen Pinto

Enclosed: Check # 16922 for \$750.00