

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 18 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H88982**

1. Corporation Name

CREATIVE CHRISTIAN CONCEPTS CORPORATION

2. Principal Office Address

81 N. GULF BLVD.

Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH, FL

Zip

33785

Country

PINELLAS

3. Mailing Office Address

P.O. Box 158

Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH

Zip

33785

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/85

5. FEI Number

59-270-3439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OTTO N. BIE

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

81 N. GULF BLVD.

Suite, Apt. #, Etc.

City

INDIAN ROCKS BEACH,

State

FL

Zip Code

33785

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

Otto N. Bie

REGISTERED AGENT MUST SIGN

Date **6/16/01**

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
P	OTTO N. BIE	81 N. GULF BLVD.	INDIAN ROCKS BEACH, FL 33785
ST	E. W. BIE	81 N. GULF BLVD.	INDIAN ROCKS BEACH, FL 33785

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:

Otto N. Bie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/01

Date

Daytime Phone #

CR2E081 (9/00)