

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 22 AM 8:30

DOCUMENT # H 88982

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, FL

Zip

33785

Country

PINELLAS

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

DECEMBER 10, 1985

5. FEI Number

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)

513 20TH AVENUE

Suite, Apt. #, Etc.

City

Indian Rocks Beach,

State

FL

Zip Code

33785

REINSTATEMENT 04-06

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*

Date 3/14/06

REGISTERED AGENT MUST SIGN

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/R	OTTO N. BIE	513 20TH AVE	Indian Rocks Beach, FL 33785
			300069445473 04/04/06--01054--021 **1050.00
V/T	E. W. BIE	486 HARBOR DRIVE S.	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 contained in Chapter 119, 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* OTTO N. BIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

(727) 596-5025

Daytime Phone #

# CREATIVE CHRISTIAN CONCEPTS CORPORATION

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

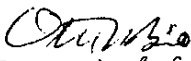
3/14/06

GENTLE PERSONS:

I WANT TO REINSTATE CREATIVE CHRISTIAN CONCEPTS  
CORPORATION, DOCUMENT NUMBER H 88982.

THE CORPORATION WAS AUTOMATICALLY  
DISSOLVED SEPTEMBER 17, 2004. SINCE NO  
BUSINESS WAS CONDUCTED OR ANNUAL REPORTS  
RECEIVED, A CHECK FOR ONE THOUSAND FIFTY  
DOLLARS IS ATTACHED.

THANK YOU FOR YOUR HELP IN THIS MATTER.

  
OTTO N. BIE  
P/RE