

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

96 NOV 25 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J38928**

1. Corporation Name

CREEL REALTY INC.

Principal Place of Business

201 CRANDON BLVD.
UNIT 637
KEY BISCAYNE FL 33149

Mailing Address

201 CRANDON BLVD.
UNIT 637
KEY BISCAYNE FL 33149

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1986

5. FEI Number

59-2753075

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	DUCHANGE, JEAN PHILIPPE	1430 NW 112 TERR 12021 NW 13 TH ST.	PEMBROKE PINES FL 33028
D	DUCHANGE, JEAN-PHILIPPE	1430 NW 112 TERR 12021 NW 13 TH ST.	PEMBROKE PINES FL 33028
			100002016581--6
			-12/02/96--01007--008
			***375.00 ***375.00

REINSTATEMENT 1996
P. Duan
11-25-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CI CORPORATION SYSTEM~~
~~1200 S. PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

Name **DUCHANGE JEAN Philippe**
Street Address (P.O. Box Number is Not Acceptable)
12021 NW 13TH ST.
Suite, Apt. #, Etc.
City **PEMBROKE PINES** State **FL** Zip Code **33026**

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

SIGNATURE REQUIRED

Date **11/18/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

11/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #