

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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**

**FILED**  
**97 DEC -1 AM 10:51**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 97

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	
Suite, Apt. #, etc.		240 CRANDON BLVD. 202		10/22/1986	
City & State		KEY BISCAYNE, FL		5. FEI Number	
Zip		33149-1543		59-2753075	
Country		USA		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	DUCHANGE, JEAN PHILIPPE	12021 N.W. 13TH STREET	PEMBROKE PINES FL 33026
D	DUCHANGE, JEAN-PHILIPPE	12021 N.W. 13TH STREET	PEMBROKE PINES FL 33026

000002367320--5  
12/09/97-01099-003  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

**DUCHANGE, JEAN PHILIPPE  
12021 N.W. 13TH STREET  
PEMBROKE PINES FL 33026**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** Zip Code

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 **11/26/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J.P. DUCHANGE**

Date

**11/4/97**

Daytime Phone #

**361-2742**  
**305-605-9999**

CR2E040 (8/97)