

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

90 MAR 16 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K18348

1. Corporation Name

CREATIVITY WEST, INCORPORATED

Principal Place of Business

CAPE CORAL, FL.

Mailing Address

1516 SW 46 LN.
CAPE CORAL, FL. 33904

REINSTATEMENT

96-99

If above addresses are incorrect in any way, line through incorrect information and enter correction

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

65-0028186

Applied For

Not Applicable

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)

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
1	2	3	4
PRESIDENT	RONALD L. WEST	3406 SW 2ND ST. CAPE CORAL, FL	CAPE CORAL, FL. 33991
V.P.	LINDA L. WEST	3406 SW 2ND ST.	CAPE CORAL, FL. 33991

000002810840-3
-03/18/99-01086-003
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

RONALD L. WEST
3406 SW 2ND ST.
CAPE CORAL, FL. 33991

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 3-7-99

11. This corporation owes 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

RONALD L. WEST

3-7-99
Date

941-544-5988
Daytime Phone #

CR2F0817296