PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS							FILED 05 AUG 23 PH 1: 20	
DOCUMENT # NO20000 9450 1. Corporation Name Creekwood East Commercial Association, Inc.						XXX	SECRETAL TALLAHASIII E. FLORIDA	
-	l Office Address anatee Ave. V	ı	3. Mailing O	3. Mailing Office Address			ISTATEMENT 03-05	
Suite, Apt. #		v.	Suite, Apt. #, etc.					
							rporated or Qualified sinesa in Florida December 9, 2002	
City & State Bradent	on, Florida		City & State	City & State			per Applied For	
Zip 34205	Country 5		Zip		Country	6. CERTIFICA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
	7. Name and Address of Current Registered Agent							
	Name Caleb J. Grimes							
	Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Ave. W.							
	Suite, Apt. #, Etc.							
	City Bradenton						State Zip Code S4205	
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 Date 8-18-05 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	
D	Ken Semon			7795 Pine Trace Drive			Sarasota, Florida 34243	
D	English S. DesChamps, III			1812 Manatee Ave. W. 0872			3 Rradentery Florida 34205/2 75	
D	James Doss			1812 Manatee Ave. W.			Bradenton, Florida 34205	
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 pames 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: SIGNATURE DAY DIRECTOR Date Daytime Phone #								