

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27735

1. Corporation Name

\* THE CREATIVE CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

90 THUAN NGUYEN  
P.O. BOX 2505  
ORLANDO, FL 32802-2505

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

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
P	THUAN NGUYEN	12731 WOODBURY OAKS DR	ORLANDO, FL 32828
V	BARBARA WIDERMANN	1917 E. WASHINGTON ST.	ORLANDO, FL 32803
T	ERIC SCHREINER	2080 HUNTERFIELD RD.	MAITLAND, FL 32751
D	LINDA HARTMANN	649 VASSAR ST	ORLANDO, FL 32804
D	DAVID HERRICK	205 OGLETHORPE	ORLANDO, FL 32804
S/D	KRIS WINTERS	8188 LK SERENE DR	ORLANDO, FL 32836

8. Name and Address of Current Registered Agent

BOQUIST, AMRAH M.  
90 BOQUIST ADVERTISING  
10316 GREEN MISTLETOE CT  
ORLANDO, FL 32825

9. Name and Address of New Registered Agent

Name THUAN NGUYEN  
Street Address (P.O. Box Number is Not Acceptable)  
90 MAGIC PENCIL STUDIOS  
Suite, Apt. #, Etc. 649 VASSAR ST  
City ORLANDO  
State FL Zip Code 32804

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

*Thuan Nguyen*  
REGISTERED AGENT MUST SIGN

Date

3/4/99

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:

*Thuan Nguyen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THUAN NGUYEN

3/4/99

Date

(407) 872-7672

Daytime Phone #

FILED

99 MAR 16 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/23/99 01031 015

\*\*\*\*306.25 \*\*\*\*306.25

REINSTATEMENT

3/16/99

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1988

5. FEI Number

59-2929526

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

CR2001 (12/98)