

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

F.I.L.E.D.

14 NOV 14 AM 8:19

SECRETARY OF STATE  
DAVID L. HUNT, JR.

DOCUMENT # N97000004375

1. Corporation Name

Creekside at Creekwood Association Inc

2. Principal Office Address - No P.O. Box #

4636 72nd Ct E

Suite, Apt. #, etc.

3. Mailing Office Address

4636 72nd CT, E

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

Manatee

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1997

5. FEI Number

650941594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
no

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

James Voorhees

Street Address (P.O. Box Number is Not Acceptable)

4636 72nd Ct E

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

400266545704  
11/14/14--01039--008 \*\*358.75

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

REGISTERED AGENT MUST SIGN

Date 11/10/2014

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
President	James Voorhees	4636 72nd Ct E	Bradenton, FL 34203
VP	Gary Rouse	7155 46th Ave circle	Bradenton, FL 34203
Secretary	Marilyn Rouse	7155 46th Ave Circle	Bradenton, FL 34203
Treasurer	Leonard LoCastro IV	4651 73rd st east	Bradenton, FL 34203
REINSTATEMENT			NOV 14 2014
			R. HUNT

10. E-mail Address: jvoor2@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2014

Date

Daytime Phone #