

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N99000001677

1. Corporation Name

CREEKWOOD WEST COMMONS ASSOCIATION, INC.

2. Principal Office Address

7795 PINE TRACE DRIVE

3. Mailing Office Address

7795 PINE TRACE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34243

Country

USA

Zip

34243

Country

USA

**REINSTATEMENT**

01-04

500028790595

02/16/04--01028--025 \*\*551.25

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0677752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GRIMES, CALEB J. ESQUIRE

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

1023 MANATEE AVENUE WEST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

*Caleb J. Grimes*  
REGISTERED AGENT MUST SIGN

Date

2-04-04

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
PD	SEMON, CHERYL L.	7795 PINE TRACE DRIVE	SARASOTA, FL 34243
VD	SANDERSON, ANN	4909 WEST COUNTRY CLUB DRIVE	SARASOTA, FL 34243
STD	MARVIN, DARENDA	P. O. BOX 1550	BRADENTON, FL 34206

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 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:

*Caleb J. Grimes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-04

941-351-6986

Daytime Phone #

CR2E081 (01/04)