

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 10 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000008273

1. Corporation Name

CREATIVE CUSTOM BUILDER INC.

2. Principal Office Address

1402 S.E. 47th Street

Suite, Apt. #, etc.

#3

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

Lee

3. Mailing Office Address

1402 S.E. 47th Street

Suite, Apt. #, etc.

#3

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

Lee

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

41-2109327

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

Rocco Sodomire

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

3520 S.E. 2nd Ave

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

Rocco Sodomire

Date 9-20-03

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
CEO	Rocco G. Randi	3520 S.E. 2nd Ave CAPE CORAL, FL	CAPE CORAL, FL 33904
VP	Rocco Sodomire	3520 S.E. 2nd Ave	CAPE CORAL, FL 33904

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:

Rocco Sodomire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-03

Date

Daytime Phone #

239-910-0221

CR2E081 (10/02)

7/10/13

# **Creative Custom Builders**

102 se 47<sup>th</sup> Street, Cape Coral, Florida, 33904

September 22, 2003

P.O. Box 6327  
Tallahassee, FL, 32314

Dear Sir or Madam:

~~This letter is to inform the Division of Corporations~~ that Our Company hasn't received an Annual Report or forms to fill out and to return to the State. We are requesting for a waive of fee's to Our Company. And we are sending in the One Hundred and Fifty Dollars for Reinstatement.

Thank you,

Rocco Sodomire  
CEO

Phone (239) 540-2423 Fax (239) 540-7527