

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000042145

1. Corporation Name

Creative Space of NW Florida Inc.

300027398673
02/12/04--01008--009 **150.00

300027398673
01/22/04--01019--005 **750.00

2. Principal Office Address

4186 Gulf Breeze Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

426 Mary Esther cutoff
Suite, Apt. #, etc.

City & State

Gulf Breeze Florida
Zip 32561
Country US

City & State

Fort Walton Beach FL
Zip 32548
Country US

4. Date Incorporated or Qualified
To Do Business in Florida

4-11-2002

5. FEI Number

04-3646594

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

Kenneth D Robinson

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

6919 Turnberry Circle

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

Kenneth D Robinson

Date

1-14-04

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
P	Kenneth Robinson	4186 Gulf Breeze Pkwy	Gulf Breeze, FL 32563
VP	Sheila Robinson	4186 Gulf Breeze Pkwy	Gulf Breeze, FL 32563

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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:

Kenneth D Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-04

Daytime Phone #

CR2E081 (10/02)