

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 10 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04



11082004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000154519</b> 1. Entity Name <b>DAVID CREEL, INC</b>					
Principal Place of Business <b>4671 ARMADILLO STREET MIDDLEBURG, FL 32068-6316 US</b>			Mailing Address <b>4671 ARMADILLO STREET MIDDLEBURG, FL 32068-6316 US</b>		
2. Principal Place of Business <b>4671 ARMADILLO ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4671 ARMADILLO ST</b> Suite, Apt. #, etc.			
City & State <b>MIDDLEBURG, FL</b>		City & State <b>MIDDLEBURG, FL</b>		4. FEI Number <b>35 222 126 4</b>	
Zip <b>32068</b>	Country <b>USA</b>	Zip <b>32068</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CREEL, DAVID 4671 ARMADILLO STREET MIDDLEBURG, FL 32068-6316</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CREEL, DAVID 4671 ARMADILLO STREET MIDDLEBURG, FL 320686316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>100042631811 11/10/04--01025--017 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC CREEL, CARRIN 4671 ARMADILLO STREET MIDDLEBURG, FL 320686316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: David W Creel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>11-8004</b> <small>Date Daytime Phone #</small>		