

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 11 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000019528

1. Corporation Name

REG-TED CREEK, INC.

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

3875 Rosalind Place

Suite, Apt. #, etc.

3. Mailing Office Address

3875 Rosalind Place

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

USA

Zip

32205

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-2236002

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

David H. Peek

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

3875 Rosalind Place

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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 5/7/2010

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
D	David H. Peek	3875 Rosalind Place	Jacksonville, FL 32205
D	Carol M. Craig	3875 Rosalind Place	Jacksonville, FL 32205
D	Reginald L. Fountain	17 West 10th Street	Jacksonville, FL 32206
D	William T. Munn	17 West 10th Street	Jacksonville, FL 32206

10. E-mail Address: davidhpeek@comcast.net

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/2010

904-219-4544

5/11/11