

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 DEC 27 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # PA3000080281

1. Corporation Name

Cedar Creek Venture, Inc.

2. Principal Office Address

3049 6th ST SO.

Suite, Apt. #, etc.

3. Mailing Office Address

3049 6th ST SO

Suite, Apt. #, etc.

City & State

ST. Petersburg Fla

Zip

33705

Country

Pinellas

City & State

ST. Petersburg Fla

Zip

33705

Country

Pinellas

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1993

5. FEI Number

593224725

☒ 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

Sanders, Robert J

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

3049 6th ST SO

Suite, Apt. #, Etc.

Bay mobile Home Park

City

ST. Petersburg

State  
**FL**

Zip Code

33705

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-01/12/01--01074--012

\*\*\*1200.00 \*\*\*1200.00

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 12/22/00

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	Sunders, Robert J	3049 6th ST SO	ST. Petersburg FL 33705

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/00  
Date

727-895-4288  
Daytime Phone #

**KE**