

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P 94000051417 (1)

1. Corporation Name

CREEKS EDGE DEVELOPMENT COMPANY, INC.

98 FEB 17 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8173 E. Bay Blvd
SUITE A
NAVARO, FL 32566

Mailing Address

8173 E. Bay Blvd
SUITE A
NAVARO, FL 32566

100002434401--1
-02/18/98--01075--017
***1058.75 ***1058.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8173 E. Bay Blvd
SUITE A

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3260251

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir- President	CARL D. Robbins	8173 E. Bay Blvd SUITE A	NAVARO, FL 32566
V.P.	Carl J. Robbins	8173 E. Bay Blvd SUITE A	NAVARO, FL 32566
Secretary	Deborah P. Cook	8173 E. Bay Blvd SUITE A	NAVARO, FL 32566

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

RICHARD E. JESMONT
913 GULF BREEZE PKWY
UNIT 6
GULF BREEZE, FL 32561

9. Name and Address of New Registered Agent

Name: Carl D. Robbins
Street Address (P.O. Box Number is Not Acceptable): 8173 E. Bay Blvd
Suite, Apt. #, Etc.: SUITE A
City: NAVARO
State: FL
Zip Code: 32566

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carl D. Robbins

REGISTERED AGENT MUST SIGN

Date 2-17-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Carl D. Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/98
Date

904.939.5464
Daytime Phone #