

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 20 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000051417*

1. Corporation Name

CREEKS EDGE DEVELOPMENT COMPANY, INC.

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

8173 E. Bay Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Navarre, FL

Zip

32566

Country

USA

3. Mailing Office Address

8173 E. Bay Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Navarre, FL

Zip

32566

Country

USA

600162980716  
11/20/09--01006--001 \*\*302.75

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1994

5. FEI Number  
59-3260251

Applied For

Not Applicable

6.



\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles S. Liberis

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

212 W. Intendencia Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Charles S. Liberis*

REGISTERED AGENT MUST SIGN

Date

11/17/09

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
DPVP	Carl J. Robbins	8173 E. Bay Blvd, Suite A	Navarre, FL 32566

**REINSTATEMENT** *RLH*

10. E-mail Address: cdrobbins@gmail.com

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, 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]*