

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 12 AM 8:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057832

1. Corporation Name

Creative Windows & Walls, Inc.

2. Principal Office Address - No P.O. Box #
17732 Alexander Run

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State

Zip
33478

Country
Palm Beach

Zip
33478

Country
USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **1994**

5. FEL Number
65-0492832

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
Siobhan B. Campbell

Street Address (P.O. Box Number is Not Acceptable)
17732 Alexander Run

Suite, Apt. #, Etc.

City
Jupiter

State
FL

Zip Code
33478

☒ 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

Siobhan B Campbell
REGISTERED AGENT MUST SIGN

Date **April 2, 2007**

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
P	Siobhan B. Campbell	17732 Alexander Run	Jupiter, FL 33478
S	Kelly Silky	2760 SW 22nd Ave #1701	Delray Beach, FL 33445

700097357737
04/18/07--01038--012 **450.00

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 contained in Chapter 119, 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:

Siobhan B Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Siobhan B Campbell
Date

Date

4/2/2007 561-262-3892
Daytime Phone #

7/4/16