

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 APR 21 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **CORP# P94000062247**

1. Corporation Name

**CREATIVE COMPUTER CONCEPTS OF
ORLANDO, INC.**

Principal Place of Business

Mailing Address

**290 SANDALWOOD CT.
FERN PARK, FL. 32730**

**P.O. Box 150867
ALTAMONTE SPRINGS,
FL. 32715-0867**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8.19.94

5. FEI Number

59-3260738

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	STANLEY G. CROCKER	290 SANDALWOOD CT. FERN PARK FL 32730	FERN PARK FL 32730
V.P.	ANTHONY V. CROCKER	290 SANDALWOOD CT. FERN PARK FL 32730	FERN PARK FL 32730
TREAS.	LINDA J. CROCKER	290 SANDALWOOD CT. FERN PARK FL 32730	FERN PARK FL 32730

**900002854349--5
-04/27/99--01099--021
***1208.75 ***1208.75**

8. Name and Address of Current Registered Agent

**LEITCH, DOUGLAD B.
3438 LAWTON RD. Suite 200
ORLANDO FL. 32803**

9. Name and Address of New Registered Agent

Name **FREDRIC W. HOLLAND**
Street Address (P.O. Box Number is Not Acceptable)
2124 F W. OAK RIDGE RD
Suite, Apt. #, Etc.
City **ORLANDO**
State **FL** Zip Code **32809**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **3/25/99**

11. This corporation owes 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:

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

STANLEY G. CROCKER

Date

3/27/99

Daytime Phone #

(407) 2605406