

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PA4000004577**

1. Corporation Name **CREATIVE INTERLOCKING INC**

Principal Place of Business
**620 BINNACLE DRIVE
NAPLES FL
34103**

Mailing Address
**620 BINNACLE DRIVE
NAPLES FL
34103**

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1994

5. FEI Number

65-0518990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 95-99

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
T.O.S	CRAIG C. HARRINGTON	620 BINNACLE DRIVE NAPLES FL	NAPLES FL 34103

**200002814332--7
-03/22/99--01146--020
***1358.75 ***1358.75**

8. Name and Address of Current Registered Agent

**KEITH DEMARE
703 REPUBLIC COURT
POMPAHO BEACH
FL 33073**

9. Name and Address of New Registered Agent

Name
CRAIG C. HARRINGTON
Street Address (P.O. Box Number is Not Acceptable)
620 BINNACLE DRIVE
Suite, Apt. #, Etc.

City
NAPLES

State Zip Code
FL 34103

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

C C Harrington

REGISTERED AGENT MUST SIGN

Date

02/15/1999

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:

C C Harrington

CRAIG C. HARRINGTON

02/15/1999

941 434 9584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #