

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 29 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000094405

1. Corporation Name

Creative Investments Trust, Inc.

2. Principal Office Address

RR 13

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33908

Country

Lee

3. Mailing Office Address

5100 S. Cleveland Ave.

Suite, Apt. #, etc.

318-322

City & State

Ft. Myers, FL

Zip

33907

Country

REINSTATEMENT

00-02

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

08/04/94

5. FEI Number

65-0744152

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

Elizabeth Napp

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

RR 13

Suite, Apt. #, Etc.

City

Fort Myers

700006847157--5

-08/01/02--01020--001

***1050.00 ***1050.00

State

FL

Zip Code

33908

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

Elizabeth Napp

REGISTERED AGENT MUST SIGN

Date 7/26/2002

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
PT/BN	Elizabeth Napp	RR 13	Ft. Myers, FL 33908
	CH		

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 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:

Elizabeth Napp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/2002

Date

Daytime Phone #

7/26/02