

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 # P95000023300

1. Corporation Name

CHERRY CREEK PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~4000 ISLAND BOULEVARD -~~
~~UNIT 1706 -~~
~~NORTH MIAMI FL 33160 -~~

~~4000 ISLAND BOULEVARD -~~
~~UNIT 1706 -~~
~~NORTH MIAMI FL 33160 -~~

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

2. New Principal Office Address, If Applicable

2450 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 504

City & State

Hollywood, FL

Zip

33020

Country

USA

3. New Mailing Office Address, If Applicable

2450 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 504

City & State

Hollywood, FL

Zip

33020

Country

USA

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
DPVC	ROSS, JORDAN	4000 ISLAND BLVD UNIT 1706 2450 Hollywood Blvd., #504	NORTH MIAMI FL 33160 - Hollywood, FL 33020

8. Name and Address of Current Registered Agent

SHERR, BRIAN J
515 EAST LAS OLAS BOULEVARD
SUITE 1500
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

2/16/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jordan Ross

2/16/99

Date

Daytime Phone #

FILED

99 FEB 19 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/21/1995

5. FEI Number

65-0583155

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)