

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000086176

1. Corporation Name

CREATIVE COMMUNICATION CONTRACTORS, INC. *Q992*

Principal Place of Business

Mailing Address

4232 W. TENNESSEE ST.
WAL MART PLAZA
TALLAHASSEE FL 32304

4232 W. TENNESSEE ST.
WAL MART PLAZA
TALLAHASSEE FL 32304

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

2. New Principal Office Address, If Applicable

1417 CAPITAL CIRCLE N.W.

Suite, Apt. #, etc.

Suite D

City & State

TALLAHASSEE FLORIDA

Zip *32303*

Country *USA*

3. New Mailing Office Address, If Applicable

1417 CAPITAL CIRCLE N.W.

Suite, Apt. #, etc.

Suite D

City & State

TALLAHASSEE FLORIDA

Zip *32303*

Country *USA*

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1995

5. FEI Number

59-3344298

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
C	BOWMAN, KIM	RT 2, BOX 523	HAVANA FL
T	BOWMAN, HEATHER	RT 2, BOX 523	HAVANA FL 32333
P	BUSBEE, CHRIS	1128 CARRIN DR.	TALLAHASSEE FL

000003065980--9

-12/10/99--01004--009

***150.00 ***150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWMAN, HEATHER I
4232 W. TENNESSEE ST.
WAL MART PLAZA
TALLAHASSEE FL 32304

Name

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

1417-D CAPITAL CIRCLE N.W.

Suite, Apt. #, Etc.

City

TALL

State

FL

Zip Code

32303

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

Heather Bowman

REGISTERED AGENT MUST SIGN

Date

11/18/99

11. 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:

Christopher L. Busbee

CHRISTOPHER L. Busbee 11/18/99 (850) 580-3474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/99)

CREATIVE HOME THEATRE

1417-D Capital Circle N. W.
Tallahassee, FL 32303

(850) 580-DISH (3474)
(850) 580-3479 fax

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations



Creative Communication Contractors, Inc. failed to file its 1999 corporation annual report form in a timely manner. We have had many difficulties this year with our mail due to our moving last December. I apologize for the delinquency.

Calling your office on November 19, 1999, I was instructed to send \$150.00 and ask for the penalties to be waived. If there are any problems or questions please call, also please note our new address:

Creative Communication Contractors, Inc.
Creative Home Theatre
1417-D Capital Circle N. W.
Tallahassee, FL 32303

Thank You,



Christopher L. Busbee / President