

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:40

DOCUMENT # 097 000000100

1. Corporation Name

The Creasy appraisal Company, Inc.
2240 W. First Street #100
Fort Myers, FL 33901

REINSTATEMENT 03-05

900055532519
05/31/05--01066--005 **2700.00

2. Principal Office Address
2240 W. First Street

3. Mailing Office Address
2240 W. First Street

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip Country
33901 USA

Zip Country
33901 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/26/1996

5. FEI Number
#65-0720539

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
Melissa Creasy

Street Address (P.O. Box Number is Not Acceptable)
2240 First Street

Suite, Apt. #, Etc.
#100

City
Fort Myers

State Zip Code
FL 33901

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	Melissa Creasy	2240 W. First Street #100	Fort Myers, FL 33901

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-05

Date

239-337-7585

Daytime Phone #

CR2E081 (01/05)