

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR 30 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000009616**

1. Corporation Name

Carrollwood Creek Associates, Inc.

300102633483
05/16/07--01026--016 **900.00

2. Principal Office Address

5439 Beaumont Center Blvd.

Suite, Apt. #, etc.

Suite 1050

City & State

Tampa FL

Zip

33634

Country

USA

3. Mailing Office Address

5439 Beaumont Center Blvd.

Suite, Apt. #, etc.

Suite 1050

City & State

Tampa, FL

Zip

33634

Country

USA

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4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1998

5. FEI Number

59-3494417

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

David A. Nader

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

5439 Beaumont Center Blvd.

Suite, Apt. #, Etc.

Suite 1050

City

Tampa

State

FL

Zip Code

33634

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

DAVID A. NADER

REGISTERED AGENT MUST SIGN

Date **4-18-07**

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
D/P/T	David A. Nader	5439 Beaumont Center Blvd., Ste 1050	Tampa, FL 33634
D/V/S	Thomas C. Horne	5439 Beaumont Center Blvd., Ste. 1050	Tampa, FL 33634

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:

DAVID A. NADER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

Date

(813) 885-7744

Daytime Phone #