

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 11 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-98000043207

1. Corporation Name

Creel's Stucco & Masonry Inc.

2. Principal Office Address

514 Rifle Range Rd

Suite, Apt. #, etc.

3. Mailing Office Address

514 Rifle Range Rd

Suite, Apt. #, etc.

City & State

BARTOW FL.

Zip

33830

Country

POIK

City & State

BARTOW FL

Zip

33830

Country

POIK

4. Date Incorporated or Qualified
To Do Business in Florida

05-11-98

5. FEI Number

59-3512489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID CREEL

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

514 Rifle Range Rd.

Suite, Apt. #, Etc.

City

BARTOW

State

FL

Zip Code

33830

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 Creel

REGISTERED AGENT MUST SIGN

Date 3-7-02

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
Dir. Pres.	DAVID CREEL	514 Rifle Range Rd	BARTOW FL 33830

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 Creel - David Creel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02
Date

863-537-3599
Daytime Phone #

CR2E081 (9/00)

March 7 02

2012

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Per our telephone conversation today
We are enclosing the Corporation
Reinstatement Application with our
check for \$450⁰⁰ to cover the years
2000, 2001 and 2002 for which we
did not receive an Annual Report
form.

Please note our new address below.
Sorry for the inconvenience of delay.

Sincerely -

DAVID CREEL, Pres.
Creel's Stucco & MASONRY INC.
514 Rifle Range Rd.
BARTOW, FL. 33830