

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000080714

1. Corporation Name

CREATIVE COMMUNICATION COMPANY OF FLORIDA

Principal Place of Business

350 26TH AVE. SE
ST. PETERSBURG FL 33705

Mailing Address

350 26TH AVE. SE
ST. PETERSBURG FL 33705

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

2. New Principal Office Address, If Applicable

5729 CENTRAL AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5729 CENTRAL
Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1998

5. FEI Number

59-3542057

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
D	COOPER, MICHAEL C	350 26TH AVE. SE	ST. PETERSBURG FL 33705
P/C/D	LAYTON, JAMES K	350 26TH AVE SE	ST PETERSBURG, FL 33705
V/T/S	COOPER, MICHAEL C	350 26TH AVE SE	ST PETERSBURG, FL 33705
			600003026816--7
			10/21/99 01085-008
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

COOPER, MICHAEL C
350 26TH AVE. SE
ST. PETERSBURG FL 33705

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

Michael C Cooper
REGISTERED AGENT MUST SIGN

Date

10-13-99

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:

Michael C Cooper VP 10-13-99 347 6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (8/99)