

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



2500-01 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 23 AM 11:40

DOCUMENT # P99000027617

1. Corporation Name

CREATIVE CHARTER INTERNATIONAL & TRAVEL, INC.

Principal Place of Business

Mailing Address

3111 N ANDREW AVE
FORT LAUDERDALE FL 33309

3111 N ANDREW AVE
FORT LAUDERDALE FL 33309



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For.

City & State

City & State

110882000

Not Applicable

Zip

Country

Zip

Country

33922

USA

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 P	LANGSTROTH, JOAN	6300 SW 127 AVE	FORT LAUDERDALE FL 33330
D VP	LANGSTROTH, STEVE	6300 SW 127 AVE	FORT LAUDERDALE FL 33330
			200003583112--0 -01/29/01--01006--006 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGSTROTH, JOAN
6300 SW 127 AVE
FT. LAUDERDALE FL 33330

Name

Langstroth Joan

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

12750 Harry St.

Suite, Apt. #, Etc.

City

Bokeelia Fl.

State

FL

Zip Code

33922

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

Joan Langstroth

REGISTERED AGENT MUST SIGN

Date

12/27/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/00

Daytime Phone #

CR2040 (8/00)