PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS	FILED
DOCUMENT # P99 0000 31085		02 MAR 20 PH 4: 34
1. Corporation Name Creative CURB Concepts, Inc.		SECRETARY OF STATE TALLAPASSEE, FLORIDA
2. Principal Office Address 3. Mailing (Office Address	
1245 Leslie Drive 1245	Lestie Drive	
Suite, Apt. #, etc. Suite, Apt. #	, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Merritt (Island Men	ritt Island	5. FEI Number Applied For 50 - 267 (837) Not Applicable
Zip 32952 Brevard Zip 32952	52 Brevarn	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name SUSAN Barnes Street Address (P.O. Box Number is Not Acceptable) 0101015254900 245 Leshe -04/11/020107101 Suite, Apt. #, Etc. ****458.75 *****		
CHY MENNIH Island		State Zip Code FL 32952
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		
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	
P Philip S. Barnes	1246 Leslie 1	DRIVE Mennit Isl, FL 32452
V Susan J. Barnes	1245 LESILE D	RIVE Menter (151, FL 32952
	10-1	SLUBR TS
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 two and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Date Depter Comparison of the		