

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000095734**

1. Corporation Name

**CORPORATE CREATIVE CONCEPTS, INC.**

Principal Place of Business

21065 MADRIA CIRCLE  
BOCA RATON FL 33433

Mailing Address

8130  
8122 GLADES ROAD  
PMB #298  
BOCA RATON FL 33434

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1999

5. FEI Number

65-0959449

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SCHUSTER, RICHARD	21065 MADRIA CIRCLE	BOCA RATON FL 33433

700024056487

10/23/03--01083--023 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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. or 617.0505, F.S.

Signature of  
Registered Agent

**Richard Schuster**

REGISTERED AGENT MUST SIGN

Date **10/18/03**

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:

**Richard Schuster**

Date

**10/18/03**

Daytime Phone #

**561-893-0171**

CR20040 (7/03)

Corporate Creative Concepts, Inc

8130 Glades Rd. PMB #298

Boca Raton, FL. 33434

**MEMO**

To: El. Department of State

From: RICHARD SCHUSTER, DBA Corporate Creative Concepts,  
Inc.

Date: Tuesday, October 21, 2003

Subject: Reinstatement of Corporate Creative Concepts. DN:  
P99000095734

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Please be advised that I never received my application for renewal of my corporation.

After speaking with a representative of the Dept. of State I was advised to send a copy of the Reinstatement form along with a check in the amount of \$150.00 to become reinstated.

Also, note the mailing address change that I have made on the reinstatement form.

Thank you.