

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 12 PM 1:40

DOCUMENT # 902765

1. Corporation Name

CREEK CORPORATION, A FLORIDA CORPORATION

2. Principal Office Address

P.O. BOX 52-4121

3. Mailing Office Address

700 BILTMORE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 501

City & State

MIAMI, FL

City & State

CORAL GABLES, FL

Zip

33152

Country

USA

Zip

33134

Country

USA

REINSTATEMENT 94-00-

4. Date Incorporated or Qualified  
To Do Business in Florida

9/28/90

5. FEI Number

65-0285593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SYLVIA CONDE

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

700 BILTMORE WAY # 501

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

*[Signature]*

Date

10/11/00

REGISTERED AGENT MUST SIGN

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
D	MARIA LUISA CONDE	700 BILTMORE WAY #501	CORAL GABLES, FL 33134

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARIA LUISA CONDE

Date

10/11/00

Daytime Phone #