

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 19 AM 10:03

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000066655

1. Limited Liability Company's Name

GEARBOX CREATIVE, LLC

400191775974
01/18/11--01057--017 **1071.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1170 HILLSBORO MILE		3. Mailing Office Address 1170 HILLSBORO MILE	
Suite, Apt. #, etc. UNIT 106		Suite, Apt. #, etc. UNIT 106	
City & State HILLSBORO BEACH, FL		City & State HILLSBORO BEACH, FL	
Zip 33062	Country U.S.A.	Zip 33062	Country U.S.A.

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09/08/2004	
6. FEI Number 20-1555157	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
LINDA VALENTINE

Street Address (P.O. Box Number is Not Acceptable)
1170 HILLSBORO MILE

Suite, Apt. #, Etc.
UNIT 106

City HILLSBORO BEACH	State FL	Zip Code 33062
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E-mail Address:
JEROMEW@COMCAST.NET
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Linda Valentine* Date 1/12/11
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LINDA VALENTINE	1170 HILLSBORO MILE	HILLSBORO BEACH, FL 33062

REINSTATEMENT 2005-2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Linda Valentine* Date 1/12/11 Daytime Phone # 954-427-7290

Typed or printed name of signing Managing Member/Manager _____

T. Hampton JAN 20 2011