

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
FEDERICO M. MACIA, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT	
DOCUMENT # L08000001875 1. Corporation Name Federico M. Macia, P.L.			
2. Principal Office Address - No P.O. Box # 2100 SALZEDO STREET <small>Suite, Apt. #, etc.</small> SUITE 202 <small>City & State</small> CORAL GABLES, FL <small>Zip</small> 33134		3. Mailing Office Address 2100 SALZEDO STREET <small>Suite, Apt. #, etc.</small> SUITE 202 <small>City & State</small> CORAL GABLES, FL <small>Zip</small> 33134	
		4. Date Incorporated or Qualified To Do Business in Florida 01/04/2008	
		5. FEI Number 26-1694925	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent <small>Name</small> CORPORATE CREATIONS NETWORK, INC. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 11380 PROSPERITY FARMS ROAD <small>Suite, Apt. #, Etc.</small> #221E <small>City</small> PALM BEACH GARDENS			
		<small>State</small> FL	
		<small>Zip Code</small> 33410	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. <small>Signature of Registered Agent</small> <i>Diana Urrego</i> Diana Urrego, Special Secretary <small>Date</small> 3/22/11 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Title</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
MGR	FEDERICO M MACIA	2100 SALZEDO STREET SUITE 202	CORAL GABLES, FL, 33134
REINSTATEMENT 10-11			
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>			
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 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify 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: <i>Federico M Macia</i>		<small>Date</small> 3/22/2011 <small>Daytime Phone #</small> 5616948107	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Federico M Macia, MGR by Diana Urrego as attorney-in-fact