PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN	т	FLORIDA DEPART Secretary DIVISION OF CO	of State		FILED 08 OCT - 1 PM 3: 07	
DOCUMENT # 705377 1. Corporation Name					SECRETALL OF STATE TALLAHASSEE, FLORIDA	
CREEK CLUB#2, INC.						
	0800004	3678	REINS	TATEMENT <u>06-08</u>		
2. Principal Office Address - N		3. Mailing Office Address	169 St.		CR2E081 (12/07)	
Suite, Apt. #, etc. Suite, Apt. #, etc. OR. Suite, Apt. #, & Abt.					4. Date Incorporated or Qualified	
City & State City & State			Mami Boah A		To Do Business in Florida 3/35/1963 5. FEI Number ✓ Applied For	
Zip Country Zip			Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					, , , , , , , , , , , , , , , , , , , ,	
Name MAR/A Street Address (P.O. Box Num 650 NE Suite, Apt. #, Etc.	T ARIS- pher is Not Acceptable) 52		PAC <u>E</u>		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City MIAMI		,	State Zip Code FL 33 /37	tee be walved.		
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 Agent REGISTERED AGENT MUST SIGN Date 9/27/0 8						
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	
Pres MARIA I ARISSO					411m1, FL 33137	
Sec ALIDA PLANAS			3600 NE 170 St, APT 4040		North Higmi Beach	
			10/81/0801053001 **183.75			
				200136535382		
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 filling 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 contained in Chapter 119, 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 AND TYPED OR PRINTSO NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						