

L00000000059

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000059

1. Limited Liability Company's Name

Creative Services of Florida-South, LLC

2. Principal Office Address

300 Story Road

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

USA

3. Mailing Office Address

300 Story Road

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/03/200

6. FEI Number

65-0970042

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul Camp Lane

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

5301 CONROY Road

Suite, Apt. #, Etc.

Suite 140

City

Orlando

State
FL

Zip Code

32811

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

Paul Camp Lane

REGISTERED AGENT MUST SIGN

Date

01/11/02

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
MM	Darren Johnson	300 Story Road Ocoee, FL 34761	Ocoee, FL 34761

REINSTATEMENT

2001-2002

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.

Signature of

Managing Member/Manager

Darren Johnson

Date

01/11/02

Daytime Phone #

407-905-6132

Typed or printed name of signing Managing Member/Manager

Darren Johnson