

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
L00000015288

FILED

02 NOV -6 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015288

Name and Mailing Address

0010666 01 FP 0,352 \*\*PRSR HT 0 0615 34787-524607

CREATIVE APPAREL MERCHANDISING CO. LLC  
12207 OYEN COURT  
WINTER GARDEN FL 34787-5246

100008828691  
11/06/02--01063--009 \*\*150.00



CR2E084 (8/02)

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 12207 OYEN COURT WINTER GARDEN FL 34787 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/04/2000	
<b>6. FEI Number</b> 59-3701122		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> VINES, JACK 12207 OYEN COURT WINTER GARDEN FL 34787		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>10. 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.</b> Signature of Registered Agent <u>Jack B. Vines</u> Date <u>11/02/02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	VINES, JACK	12207 OYEN COURT	WINTERGARDEN FL 34787
<b>REINSTATEMENT 2002</b>			

12. 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 Jack B. Vines Date 11/02/02 Daytime Phone # 407-383-2859

Typed or printed name of signing Managing Member/Manager