

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000001001

Name and Mailing Address

0001786 01 FP 0,352 **PRSR T6 0 0615 33129-281066
TWINS CREATIVOS, LLC
2666 BRICKELL AVENUE
MIAMI FL 33129-2810

02 DEC 18 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000009575890
12/18/02--01035--005 **150.00



CR25084 (8/02)

2. New Mailing Address 1320 MIAMI ROAD #111 City, State, Zip FT LAUDERDALE, FL. 33316		4. State/Country of Formation FL	
Principal Place of Business 2666 BRICKELL AVENUE MIAMI FL 33125		5. Date Organized or Qualified To Do Business in Florida 01/19/2001	
3. New Principal Place of Business Address 1320 MIAMI ROAD #111 City, State, Zip FT LAUDERDALE, FL. 33316		6. FEI Number 65-1068169 Applied For Not Applicable	
8. Name and Address of Current Registered Agent LOPEZ, JORGE R 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI FL 33126		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name DARIO RUIZ Street Address (P.O. Box Number is Not Acceptable) 1320 MIAMI ROAD #11 City FT. LAUDERDALE FL Zip Code 33316			
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. Signature of Registered Agent [Signature] Date December 16, 2002 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VARGAS, JUAN JOSE	2008 BRICKELL AVENUE 1320 MIAMI ROAD #11	MIAMI FL 33125 FT LAUDERDALE, FL. 33316
MGRM	FERNANDA PETERLIN, MARIA	2666 BRICKELL AVENUE 1320 MIAMI ROAD #11	MIAMI FL 33125 FT LAUDERDALE, FL 33316
REINSTATEMENT 2002			
12/23 Wst			

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 **[Signature]** Date **12/16/02** Daytime Phone # **(954) 462-2159**

Typed or printed name of signing Managing Member/Manager