

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
OF
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

L02000001850

03 NOV 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001850

Name and Mailing Address

0005122 01 AT 0.292 **AUTO T1 0 0615 33054-407850



CREATIVE MANAGEMENT, LLC
13850 N.W. 26TH AVE.
OPA LOCKA FL 33054-4078

REINSTATEMENT



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 13850 N.W. 26TH AVE. OPA LOCKA FL 33054		5. Date Organized or Qualified To Do Business in Florida 01/24/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 41-2036393	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. SUNTRUST INTERNATIONAL CENTER ONE S.E. THIRD AVE. 28TH FLOOR MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Cheryl S. Deane</i> SIGNATURE REQUIRED Date _____ 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
D	S. Dee Donald	13850 NW 26th Avenue	OPA-LOCKA, FL 33054
			700024247897 10/29/03--01018--011 **155.00

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 REQUIRED

Date

10/24/03

Daytime Phone #

305 725 4711

Typed or printed name of signing Managing Member/Manager

S. Dee Donald

CR2E034 (7/03)