


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 MAY 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600036524546
05/17/04--01083--005 **255.00

DOCUMENT # L 02000006895

1. Limited Liability Company's Name

AK Creative Group LLC

2. Principal Office Address

1201 Brickell Ave

Suite, Apt. #, etc.

350

City & State

MIAMI Florida

Zip

33131

Country

USA

3. Mailing Office Address

1201 Brickell Ave.

Suite, Apt. #, etc.

350

City & State

MIAMI Florida

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/22/02

6. FEI Number

75-3043299

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

IDA C. OVIES

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

2307 DOUGLAS ROAD

Suite, Apt. #, Etc.

SUITE 400

City

MIAMI Florida

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

MAY 2004

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
MGR	KOSYK, ALVARO H.	1201 Brickell Ave. #350	MIAMI FL 33131
MGR	KOSYK, SANDRO Alex	1201 Brickell Ave. #350	MIAMI FL 33131

REINSTATEMENT

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

Date

MAY 2004

Daytime Phone #

305-357-2338

Typed or printed name of signing Managing Member/Manager

SANDRO Alex KOSYK

CR2E041 (10/02)