


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 20 AM 10:55

DOCUMENT # L02000011244 1. Entity Name MARIA EUGENIA CREATIONS, LLC			
Principal Place of Business 1915 BRICKELL AVE., #C-1106 MIAMI, FL 33129		Mailing Address 1915 BRICKELL AVE., #C-1106 MIAMI, FL 33129	
2. Principal Place of Business 1901 BRICKELL AVE Suite, Apt. #, etc. # B-401		3. Mailing Address 1901 BRICKELL AVE. Suite, Apt. #, etc. # B-401	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33129 Country		Zip 33129 Country	
4. FEI Number 51-0468185		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STANHAM, NICHOLAS 520 BRICKELL KEY DR., STE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILAR DEL VALLE, MA EUGENIA 1915 BRICKELL AV #1106C MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ma Eugenia Vilar del Valle 1901 Brickell Avenue #B401 MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANHAM, NICHOLAS 1915 BRICKELL AV #1106C MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary Nicholas Stanham 1901 Brickell Ave # B-401 MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Nicholas Stanham</u>		Date: <u>10/10/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Nicholas Stanham		Daytime Phone #: <u>305 374 3800</u>	



REINSTATEMENT

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