1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 JUN 23 A 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000016852

1. Limited Liability Company's Name
Creative Financial Solutions, LLC

2. Principal Office Address	3. Mailing Office Address
4044 W. Lake Mary Blvd.	3019 Alatka Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, FL	City & State: Longwood, FL
Zip: 32746 Country: USA	Zip: 32779 Country: USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: June 26, 2002
6. FEI Number: 20-1269879 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Philip K. Calandrino, P.A.
Street Address (P.O. Box Number is Not Acceptable): 29 East Pine Street
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32801

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: _____ Date: June 22, 2004
REGISTERED AGENT MUST SIGN

CR2E041 (1/00)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM MM	Rose Mwangi	3019 Alatka Court	Longwood, FL 32779
		REINSTATEMENT 02-04	
		FAL	

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: 6/22/04 Daytime Phone #: (407) 833-9992

Typed or printed name of signing Managing Member/Manager: Rose Mwangi, Member Manager

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PHILIP K. CALANDRINO, P.A.
Account Number : I20000000241
Phone : (407)351-5775
Fax Number : (407)351-5688

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LIMITED LIABILITY REINSTATEMENT

CREATIVE FINANCIAL SOLUTIONS, LLC

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