SEP. 8. 2004 12:41PM CORPORATION SVC CO NO. 249

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 SEP -9 A 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019920

1. Limited Liability Company's Name
The Creek, LLC

2. Principal Office Address	3. Mailing Office Address
90 Alton Road	2360 Collins Avenue
Suite, Apt. #, etc. #1903	Suite, Apt. #, etc.
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. State/Country of Formation FL, USA

5. Date Organized or Qualified To Do Business in Florida Aug 5th 2002

6. FEI Number 46-0495391 ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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: Carla Lohi Carla Lohi Asst. Vice President Date: 9-8-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Kenneth J. Fields	90 Alton Road	Miami Beach, FL 33139
			600041452506 09/09/04 01063-002 **200.00
		REINSTATEMENT	03-04
			dcc

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 608.408, 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: Sept. 8th 2004 Daytime Phone #: 305-538-1951

Typed or printed name of signing Managing Member/Manager: Kenneth J. Fields