

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000025678

Name and Mailing Address

0004268 01 AT 0.292 **AUTO TB 0 0615 32956-072424



CREATIVE CRAFTS AND IDEAS LLC
P.O. BOX 560724
ROCKLEDGE FL 32956-0724

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/30/2002	
Principal Place of Business 1139 TARPON DRIVE ROCKLEDGE FL 32955 4	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 954893310	Applied For Not Applicable
8. Name and Address of Current Registered Agent BRYANT, JANIE 1139 TARPON DRIVE ROCKLEDGE FL 32955		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800030486288 03/15/04--01068--009 **200.00 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 <u>Janie Bryant</u> SIGNATURE REQUIRED Date <u>3-10-04</u> 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
	Monique Purvette Bryant	1139 Tarpon Drive	Rockledge, FL 32955
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 <u>Monique Purvette Bryant</u> SIGNATURE REQUIRED Date <u>3-10-04</u> Daytime Phone # Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)