

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood,
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 PM 12:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028630

Name and Mailing Address

0005130 01 AT 0.292 **AUTO T1 0 0615 33055-036969



CREATIVE TELCOM SOLUTIONS, LLC

P.O. BOX 552369

CAROL CITY FL 33055-0369



2. New Mailing Address

City, State, Zip

Principal Place of Business

P.O. BOX 552369
CAROL CITY FL 33055

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/28/2002

6. FEI Number

04-3719666

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

HARDY, ANTONIO A I
3735 NW 203RD ST.
OPA-LOCKA FL 33055

9. Name and Address of New Registered Agent

Name

Antonio Hardy

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

20224 NW 32nd Ave

City

Miami

FL

Zip Code

33056

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

[Signature]

NOTARIAL SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/16/03

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

CEO
President
Mgm

Antonio Hardy

20224 NW 32nd Ave
~~CAROL CITY, FL 33055~~

Miami, FL 33055

500023960545

10/21/03--01020--017 **\$155.00

REINSTATEMENT 2003

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

[Signature]

NOTARIAL SIGNATURE REQUIRED

Date 10/16/03

Daytime Phone # 305-431-9653

Typed or printed name of signing Managing Member/Manager