

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L02000030251

Creative Equity Group, LLC

CR2E041 (8/05)

2. Principal Office Address

3201 W. Commercial Blvd

same

Suite, Apt. #, etc.

216

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

Ft. Lauderdale, FL

City & State

same

Zip

33309

Country

USA

Zip

same

Country

same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/8/02

6. FEI Number

020652701

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

Name

Chuck Mogbo PA

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

2800 W. Oakland Park Blvd

100073523381

Suite, Apt. #, Etc.

209

05/01/06--01056--023 ***250.00

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date

3-20-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David Jackson	4357 Legacy Ct	Delray Bch, FL 33445
MGR	Thomas Williams	10246 SW 22nd Place	Davie, FL 33324

REINSTATEMENT 04-06

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

3-20-06

Daytime Phone #

561-302-9124

Typed or printed name of signing Managing Member/Manager

David Jackson