

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000007644

1. Limited Liability Company's Name

Creative Visions, LLC

2. Principal Office Address - No P.O. Box #

607 Central Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Ellenton, Florida

City & State

Zip

34222

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3-3-2003

6. FEI Number

352197696

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

13 DEC -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700254367607
12/03/13 -- 01016-002 -- **932.50

8. Name and Address of Current Registered Agent

Name

Laura Seberg

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

607 Central Ave.

Suite, Apt. #, Etc.

City

Ellenton

State

FL

Zip Code

34222

E-mail Address:

laura.seberg@earthlink.net

(To be used for future annual report notices)

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

11-27-13

REGISTERED AGENT MUST SIGN

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	Laura Seberg	607 Central Ave.	Ellenton, FL 34222

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

11-27-13

Daytime Phone #

8134158142

Typed or printed name of signing Managing Member/Manager Laura Seberg

DEC - 5 2013