

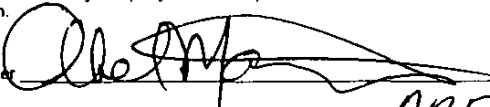


L03000036752

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000036752			
1. Limited Liability Company's Name THE CREATIVE FINANCIAL FIRM, LLC 05			
2. Principal Office Address - No P.O. Box # 6000 E. 54 St. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State	
Zip 33013	Country US	Zip	Country
4. State/Country of Formation FL/US		5. Date Organized or Qualified To Do Business in Florida 9/26/03	
6. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name: ABEL MARTINEZ Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: 6000 E. 54 St. City: Hialeah State: FL Zip Code: 33013			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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: 4/4/07 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	ABEL MARTINEZ	6000 E. 54 St.	Hialeah, FL 33013
MGR	JAMI VARGAS	6000 E. 54 St.	Hialeah, FL 33013
REINSTATEMENT 2005-2007 100096447081 04/11/07--01022--002 **250.00			
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: 4/4/07 Daytime Phone #: 305-610-3418 Typed or printed name of signing Managing Member/Manager: ABEL MARTINEZ			