

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 13 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/17/07--01030--015 **265.00

CR2E041 (1/07)

DOCUMENT # L03000036752

1. Limited Liability Company's Name

THE CREATIVE FINANCIAL FIRM, LLC.

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

Suite, Apt. #, etc.

600 E. 54 St

City & State

HAIALEAH, FL

Zip

33013

Country

USA

3. Mailing Office Address

600 E. 54 St

Suite, Apt. #, etc.

City & State

HAIALEAH, FL

Zip

33013

Country

USA

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

9/26/03

6. FEI Number

56-2399597

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

ABEL MARTINEZ

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

1548 SE 20 PLACE

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33035

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 6-29-07

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
SR. FINANCIAL MGR	ABEL MARTINEZ	1548 SE 20 PLACE	Homestead, FL 33035
Asst MGR	Jami VARGAS	1548 SE 20 PLACE	Homestead, FL 33035
SALES MGR	OSCAR ALCANTARA	600 E. 54 St.	HAIALEAH, FL 33013
Mkt. MGR	DANIEL ALCANTARA	600 E. 54 St	HAIALEAH, FL 33013

REINSTATEMENT 05-07

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 6-29-07

Daytime Phone # 786 363 0486

Typed or printed name of signing Managing Member/Manager

ABEL MARTINEZ