

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 10 AM 11:58

DOCUMENT # L 04000001317

1. Limited Liability Company's Name

CREARTEC LLC

CR2E041 (12/07)

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

91 NW 162ND ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33169

Country

3. Mailing Office Address

91 NW 162ND ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33169

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

JORGE DICARALDO

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

91 NW 162ND ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

☒ 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

X

REGISTERED AGENT MUST SIGN

Date

03/27/08

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
MR	DANIEL O ALONSO	1701 N. BAY ROAD 519	N. MIAMI BEACH FL 33160
MR	JORGE DICARALDO	91 NW 162 ST	MIAMI FL 33169

900122303809  
04/07/08--01008--018 \*\*\$55.00

**REINSTATEMENT** 2005-08

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

X

Date

03/27/08

Daytime Phone #

305-331-9348

Typed or printed name of signing Managing Member/Manager