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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
CONSIDER IT SOLD HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

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G. MCLEOD
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000070981

1. Limited Liability Company's Name

CONSIDER IT SOLD HOLDINGS, LLC

REINSTATEMENT

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
199 E. FLAGLER STREET,	199 E. FLAGLER STREET,
Suite, Apt. #, etc. #865	Suite, Apt. #, etc. #865
City & State MIAMI FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 09/30/2004

6. FEI Number: [ ] Applied For [X] 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: KARLA L DAVILA

Street Address (P.O. Box Number is Not Acceptable): 199 E. FLAGLER STREET

Suite, Apt. #, Etc.: 865

City: MIAMI State: FL Zip Code: 33131

[X] 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: V.Hawk KARLA L DAVILA, by V.Hawk as atty-in-fact Date: 1/4/2010

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	KARLA L DAVILA	199 E. FLAGLER STREET 865	Miami, FL 33131

11. E-mail Address: _____ (To receive future annual report notifications)

12. 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 608.408, 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: V.Hawk Date: 1/4/2010 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: KARLA L DAVILA, by V.Hawk as atty-in-fact