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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
SOTRAGEN VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$515.25~~

$416.25 *

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JAN 29 2009

EXAMINER

H10000019648

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L04000091673

1. Limited Liability Company's Name
SOTRAGEN VENTURES LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
103, RUE RIGAUD	P.O. BOX 15557
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PETION VILLE, OU	City & State: PETION VILLE, OU
Zip / Country: HA	Zip / Country: HA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/17/2004

6. FEI Number: 980452231 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $9.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD #221E

Suite, Apt. #, Etc.:

City: PALM BEACH GARDENS | State: FL | Zip Code: 33410

☒ 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: Diana Urrego, Special Secretary Date: 1/28/2010
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	REYNOLD ROY	103, RUE RIGAUD	PETIONVILLE OU HA
MGR	NICOLE ROY	103, RUE RIGAUD	PETIONVILLE OU HA
		REINSTATEMENT 2008-10	

11. E-mail Address: annualreports@corpcreations.com
(To be used for 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 608.4101, 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: Diana Urrego Date: 1/28/2010 Daytime Phone #: 561-694-8107

Typed or printed name of signing Managing Member/Manager: Reynold Roy, MGR by Diana Urrego, as attorney-in-fact