

L04000091673

Florida Department of State
Division of Corporations
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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	\$546.25

\$416.25

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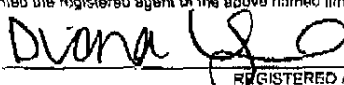
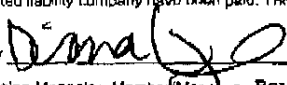
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Help **J. BRYAN**

JAN 29 2009

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000091673					
1. Limited Liability Company's Name SOTRAGEN VENTURES LLC					
2. Principal Office Address - No P.O. Box # 103, RUE RIGAUD			3. Mailing Office Address P.O. BOX 15557		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PETION VILLE, OU			City & State PETION VILLE, OU		
Zip	Country	Zip	Country	4. State/Country of Formation FLORIDA	
HA	HA	HA	HA	5. Date Organized or Qualified To Do Business in Florida 12/17/2004	
6. FBI Number 980452231				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 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					
Title	Name of Managing Member/Managers	Simple 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 608.406, 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 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					