

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000091722

1. Limited Liability Company's Name

CREATION OF A MILLIONAIRE
MIND, LLC

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

190 NE 199th STREET
Suite, Apt. #, etc.
102

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33179

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

12-13-04

6. FEI Number

61-148 2958

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 ANGELA CREWS-DAVIS

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

190 NE 199th STREET #102

Suite, Apt. #, Etc.

102

City

MIAMI

State

FL

Zip Code

33179

☐ 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

Angela Crews-Davis

REGISTERED AGENT MUST SIGN

Date 4-9-07

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
MEMBER	ANGELA CREWS-DAVIS	190 NE 199th STREET #102	MIAMI, FL 33179

500101936005
05/09/07--01008--022 **250.00

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

Angela Crews-Davis

Date 4/9/07

Daytime Phone #

786-355 2443

Typed or printed name of signing Managing Member/Manager