

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 16 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000004026

1. Limited Liability Company's Name

CREATIVE CONSTRUCTION LLC

CR2E041 (11/09)

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

1131 LAKE WOOD CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/07/2005

6. FEI Number

75-3179327

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

ABRAHAM KABADAN

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

1131 LAKE WOOD CIRCLE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801

☒ 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

Abraham Kabadan

REGISTERED AGENT MUST SIGN

Date 02/11/10

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	ABRAHAM KABADAN	1131 LAKEWOOD CIRCLE	LAKELAND FL 33801
MGR	ELISABETH KABADAN	1131 LAKEWOOD CIRCLE	LAKELAND FL 33801

300169137633
02/16/10--01053--010 **\$55.00

JB REINSTATEMENT 2007-10

11 E-mail Address: Abraham.Kabadan@Yahoo.com

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

Abraham Kabadan

Date 2/11/10

Daytime Phone #

813 334 5560

Typed or printed name of signing Managing Member/Manager