

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAR -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300170235543
02/23/10--01020--016 **277.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000062995

1. Limited Liability Company's Name
STUCCO CREATIONS LLC

2. Principal Office Address - No P.O. Box # 3872 GOLDEN ACRE CIRCLE		3. Mailing Office Address 3872 GOLDEN CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CRESTVIEW FL		City & State CRESTVIEW FL	
Zip 325539	Country US	Zip 325539	Country US

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida JUNE 27, 2005	
6. FEI Number 20-3064165	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
NICHOLAS R. FANELLA

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

Suite, Apt. #, Etc.

City
FORT WALTON BEACH

State
FL

Zip Code
32539

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. 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 *Nicholas R. Fanella* Date 02/19/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CARL E. RIEATHBAUM	3872 GOLDEN ACRE CIRCLE	CRESTVIEW FL 32539

REINSTATEMENT 08/10
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11. E-mail Address: _____ (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 608.408, 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 *Carl E. Riethbaum* Date 02/19/2010 Daytime Phone # 850-305-6238

Typed or printed name of signing Managing Member/Manager CARL E. RIEATHBAUM