

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR -5 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03262007 REIN-LLC CR2E101 (1/07)

**DOCUMENT # L05000082073**

1. Entity Name  
**CREATING YOUR WORLD, LLC**



Principal Place of Business  
**12639 LONGSTAFF DRIVE  
WINDERMERE, FL 34786**

Mailing Address  
**12639 LONGSTAFF DRIVE  
WINDERMERE, FL 34786**

2. Principal Place of Business - No P.O. Box # <b>7512 Dr. Phillips Blvd</b>		3. Mailing Address <b>7512 Dr. Phillips Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 50-911</b>		Suite, Apt. #, etc. <b>Suite 50-911</b>	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32819</b>	Country <b>USA</b>	Zip <b>32819</b>	Country <b>USA</b>

8. Name and Address of Current Registered Agent  
**RUSH, RANDOLPH J  
12639 LONGSTAFF DRIVE  
WINDERMERE, FL 34786**

7. Name and Address of New Registered Agent  
Name **John DeStefano**  
Street Address (P.O. Box Number is Not Acceptable)  
**12639 Longstaff Drive**  
City **Windermere** FL Zip Code **34786**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **3/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Authorized Representative MARK CHERONNA 7512 Dr. Phillips Blvd, Suite 50-911 Orlando, FL 32819</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600096485556 04/11/07--01027--019 **100.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 06-07</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE **3/27/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE