

**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.****

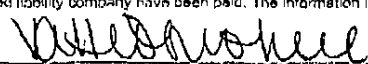
Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT
OSCAR PEREZ DRAIN SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000068345 1. Limited Liability Company's Name OSCAR PEREZ DRAIN SERVICES LLC			
2. Principal Office Address - No P.O. Box # 3037 MARTIN AVE. Suite, Apt. #, etc.		3. Mailing Office Address 3037 MARTIN AVE. Suite, Apt. #, etc.	
City & State GREENACRES, FL Zip Country 33463 USA		City & State GREENACRES, FL Zip Country 33463 USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 07/07/2006	
6. FEI Number 205176868		☐ 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 #221 E Suite, Apt. #, Etc. City PALM BEACH GARDENS State FL Zip Code 33410			
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  Valerie Hawk-Donohue, Special Secretary Date 6/22/10 REGISTERED AGENT MUST SIGN			
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	OSCAR PEREZ	3037 MARTIN AVE.	GREENACRES FL 33463
MGR	MARVIN PEREZ	3037 MARTIN AVE.	GREENACRES FL 33463
MGR	LORENZA E PEREZ	3037 MARTIN AVE.	GREENACRES FL 33463
REINSTATEMENT 08/10 PB			
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 608.405, 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 6/22/10 Daytime Phone # 561-694-8107 Typed or printed name of signing Managing Member/Manager OSCAR PEREZ- MGR, by Valerie Hawk-Donohue, attorney in fact			

 FILED
 10 JUN 22 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (05/10)