Florida Department of State
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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: _____

RECEIVED
10 JUN 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
OSCAR PEREZ DRAIN SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3037 MARTIN AVE.	3037 MARTIN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES, FL	City & State: GREENACRES, FL
Zip: 33463 Country: USA	Zip: 33463 Country: 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