Division of Corporations http://www.sunbiz.org/scripts/efilcovr.exe

L09000067848

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
SIMONE'S PERFECT VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$377.50~~

$277.50 — penalty waived

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DEC 24 2009
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L07000067848

1. Limited Liability Company's Name

SIMONE'S PERFECT VENTURES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8534 Heron Lagoon Cir	8534 Heron Lagoon Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34242 Country: USA	Zip: 34242 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/27/2007

6. FEI Number: X 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: SIMONE HIRT

Street Address (P.O. Box Number is Not Acceptable): 8534 Heron Lagoon Cir

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34242

☒ 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: SIMONE HIRT, by V.Hawk as atty-in-fact Date: 12/22/09
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
MGR	SIMONE HIRT	8534 Heron Lagoon Cir	Sarasota, FL 34242
	REINSTATEMENT -08-09		

11. E-mail Address: _____ (To receive notices and 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 608.406, 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: Date: 12/22/09 Daytime Phone #: 561-694-8107

Typed or printed name of signing Managing Member/Manager: SIMONE HIRT, by V.Hawk as atty-in-fact

CL.