
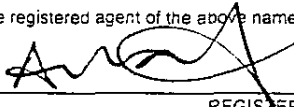


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000084248			
1. Limited Liability Company's Name CREDIT sense LLC			
2. Principal Office Address - No P.O. Box # 6001 N.W. 153 ST		3. Mailing Office Address 6001 N.W. 153 ST	
Suite, Apt. #, etc. Suite 141		Suite, Apt. #, etc. Suite 141	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33014	Country USA	Zip 33014	Country USA
4. State / Country of Formation FL			
5. Date Organized or Qualified To Do Business in Florida 8/10/2007			
6. FEI Number 260724465			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 Anthony MARTINEZ			
Street Address (P.O. Box Number is Not Acceptable) 12754 SW 23 ST			
Suite, Apt. #, Etc.			
City MIRAMAR		State FL	Zip Code 33027
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 		Date 2/8/10	
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
MGRM	Belinda Villock	12856 SW 31 CT	MIRAMAR, FL 33027
REINSTATEMENT 09-10 RB			
11. E-mail Address bvillock@bellsouth.net <small>(To be used for future annual report notifications)</small>			
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 Belinda Villock		Date 2/8/10	Daytime Phone # 305-818-1850
Typed or printed name of signing Managing Member/Manager Belinda Villock			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2010

CREDIT SENSE LLC
ATTN: BELINDA VILLOCH
6001 NW 153 ST. SUITE 141
MIAMI LAKES, FL 33014

SUBJECT: CREDIT SENSE LLC
Ref. Number: L07000084248

We have received your document for CREDIT SENSE LLC and check(s) totaling \$138.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 210A00003780

2/15/10 1022 02