

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV 25 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Creation Jewelry LLC
DOCUMENT NUMBER L07000101625

W14-69327

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1390 E Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34744

Country

USA

3. Mailing Office Address

1390 E Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34744

Country

USA

4. State/Country of Formation

Florida State, USA

5. Date Organized or Qualified
To Do Business in Florida

12/01/2007

6. FEI Number

27-1126448

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

Jaime Luis Reyes

Street Address (P.O. Box Number is Not Acceptable)

1631, E. Vine Street

Suite, Apt. #, Etc.

Suite K

City

Kissimmee

State

FL

Zip Code

34744

300266608833
11/17/14--01042--019 **283.00
300266608833
11/25/14--01002--016 **94.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date 11-07-2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Alex Alomar	1390 E Vine Street	Kissimmee, FL 34744

REINSTATEMENT

NOV-25-2014

R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

[Signature]
Alex Alomar

Date 10/20/2014

Daytime Phone # (787)669-3774

Typed or printed name of signing Authorized Representative/Manager