

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 OCT 20 15
10/16/2015

DOCUMENT # L07000101625

1. Limited Liability Company's Name

CREATION JEWELRY LLC

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

1390 E Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34744

Country

USA

3. Mailing Office Address

1390 E Vine Street

Suite, Apt. #, etc.

City & State

Florida

Zip

34744

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida State, USA

5. Date Organized or Qualified
To Do Business in Florida

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 Ferra

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

1631, E Vine Street

Apt. #, Etc

Suite K

City

Kissimmee

State

FL

Zip Code

34744

200278271512
10/20/15--01016--023 **243.75

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

REGISTERED AGENT MUST SIGN

Date 10/16/2015

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 | Jose Alexis Alomar | 1390 E Vine Street | Kissimmee, FL 34744 |
| MGRM | Maria A. Alomar | 1390 E Vine Street | Kissimmee, FL 34744 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

OCT 20 2015

R. HUNT

11. E-mail Address creationjewelryllc2@gmail.com

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 10/16/2015

Daytime Phone # (407)994-5980

Typed or printed name of signing authorized representative/member

Jose Alexis Alomar