

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000013371

1. Limited Liability Company's Name

**General Creation, LLC**

200193976762  
02/14/11--01002--009 \*\*377.50

CR2E041 (1/11)

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

109 Bloomfield Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Zip

33511

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/09/09

6. FEI Number

11-3413142

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  
Dwight Dixon

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

109 Bloomfield Drive

Suite, Apt. #, Etc.

City

Brandon,

State

FL

Zip Code

33511

E-mail Address:

(To be used for future annual report notices)

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

2/3/11

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	Dwight Dixon	109 Bloomfield Drive	Brandon, FL 33511
MGRM	Jeanette Weekes	109 Bloomfield Drive	Brandon, FL 33511

REINSTATEMENT 2010-2011

11. 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. 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 Managing  
Member/Manager

Date

Daytime Phone #

813-298-3962

Typed or printed name of signing Managing Member/Manager