

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2012 SEP 26 AM 10:44

DOCUMENT # L10000010229

1. Limited Liability Company's Name

Creative Repairs, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
160 Reeves Rd		160 Reeves Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miramar beach, Fl		Miramar beach, Fl	
Zip	Country	Zip	Country
32550	Usa	32550	Usa

4. State/Country of Formation	
Florida / USA	
5. Date Organized or Qualified To Do Business in Florida	
1/27/10	
6. FEI Number	Applied For
27-1778911	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name			
Jason Reeves			
Street Address (P.O. Box Number is Not Acceptable)			
160 Reeves Rd			
Suite, Apt. #, Etc.			
City		State	Zip Code
Miramar beach,		FL	32550

E-mail Address:

000240077260
09/26/12--01019--022 **382.25

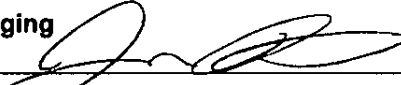
Creativerepairs@cox.net
(To be used for future annual report notices)

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 9-23-12
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	Jason Reeves	160 Reeves Rd	Miramar beach FL 32550
REINSTATEMENT - 2011 + 2012			

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 9-23-12 Daytime Phone # 850-376-1022

Typed or printed name of signing Managing Member/Manager

Handwritten initials