


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2015**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L12000015097

<sup>1</sup> Limited Liability Company's Name  
**CREATIVE CONNECT PARTNERS LLC**

<b>2 Principal Office Address - No P.O. Box #</b> 9101 INTERNATIONAL DRIVE		<b>3. Mailing Office Address</b> 9101 INTERNATIONAL DRIVE	
Suite, Apt. #, etc. 2310		Suite, Apt. #, etc. 2310	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country USA	Zip 32819	Country USA

**8. Name and Address of Current Registered Agent**

Name  
**LUKE PRIDGEON**

Street Address (P.O. Box Number is Not Acceptable) Suite  
**11662 BRIGHTSTOWE WAY**

Apt. #, Etc.

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32836**

CR2E041 (1/14)

**4. State/Country of Formation**  
FL / ORANGE

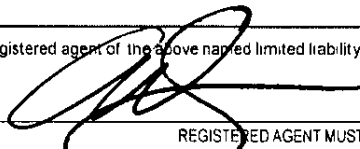
**5. Date Organized or Qualified To Do Business in Florida** FEB 1, 2012

**6. FEI Number** 45-4455596 ☐ Applied For ☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**000270750680**  
03/17/15--01036--001 \*\*\$16.25

**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 **3/9/2015**

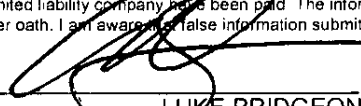
**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	MITCHELL KUTASH	9101 INTERNATIONAL DRIVE #2310	ORLANDO, FL 32819
MGRM	TODD LEINENBACH	1582 GULF BLVD #1203	CLEARWATER, FL 33767
MGMR	LUKE PRIDGEON	11662 BRIGHTSTOWE WAY	ORLANDO, FL 32836

**11. E-mail Address:** LUKE@FUNNYBONE.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  **LUKE PRIDGEON** Date **3/9/2015** Daytime Phone # **407-480-5233**

Typed or printed name of signing authorized representative/member