L14000168643

2/6/2020

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1539

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
THE CARD COLLABORATIVE INTERNATIONAL, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 FEB 07 AM 7:31

CR2E041 (1/14)

DOCUMENT # L14000168643

1 Limited Liability Company's Name
THE CARD COLLABORATIVE INTERNATIONAL, LLC

2 Principal Office Address - No P O Box #	3 Mailing Office Address
15136 Driftwood Bend Street	15136 Driftwood Bend Street
Suite Apt #, etc	Suite Apt # etc
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787 Country: Orange	Zip: 34787 Country: Orange

4 State/Country of Formation: Florida

5 Date Organized or Qualified To Do Business in Florida: 10/29/2014

6 FEI Number: 47-2223289 ☐ 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
CORPORATE CREATIONS NETWORK INC.

Street Address (P O Box Number is Not Acceptable) Suite,
801 US HIGHWAY 1

Apt #, Etc

City: NORTH PALM BEACH State: FL Zip Code: 33408

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: Kevin Duteau, Special Secretary Date: 2/7/2020

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
Pres	SHAWN PATRICK CARDEN	15136 Driftwood Bend Street	Winter Garden, FL 34787
VP	HEATHER ALICIA CARDEN	15136 Driftwood Bend Street	Winter Garden, FL 34787

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 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 2/7/2020 Daytime Phone # 5616948107

Typed or printed name of signing authorized representative/member Kevin Duteau, Attorney-in-Fact