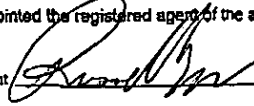
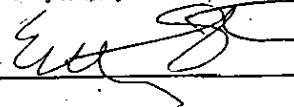


L94 000000166

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 JUL 16 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
DOCUMENT # L94000000166 1. Limited Liability Company's Name CREATIVE MANAGEMENT RE, L.C.																									
2. Principal Office Address c/o Russell Beyer Suite, Apt. #, etc. 2888 E. Oakland Park Blvd City & State Ft Lauderdale, FL Zip 33306		3. Mailing Office Address c/o Russell Beyer Suite, Apt. #, etc. PO Box 11180 City & State Ft. Lauderdale, FL Zip 33339-1180		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 4/19/94 6. FEI Number 65-0497307 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status																					
8. Name and Address of Current Registered Agent Name Russell Beyer Street Address (P.O. Box Number is Not Acceptable) 2888 East Oakland Park Blvd Suite, Apt. # Etc. City Fort Lauderdale State FL Zip Code 33306																									
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  REGISTERED AGENT MUST SIGN Date 6/7/03																									
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGING MEMBER</td> <td>ESTHER STAHLER</td> <td>17 BEECHWOOD DR.</td> <td>LAURENCE, NY 11559</td> </tr> <tr> <td>MANAGING MEMBER</td> <td>RUKI RENOV</td> <td>9 BEECHWOOD DR</td> <td>LAURENCE, NY 11559</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MANAGING MEMBER	ESTHER STAHLER	17 BEECHWOOD DR.	LAURENCE, NY 11559	MANAGING MEMBER	RUKI RENOV	9 BEECHWOOD DR	LAURENCE, NY 11559								
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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. Signature of Managing Member/Manager  Date 7/19/03 Daytime Phone# 765961818 Typed or printed name of signing Managing Member/Manager																									

REINSTATEMENT 2001-2003