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FROM : Russell Beyer ... 03 04:18PM P3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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

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07/16/03--01045--002 **255.00

DOCUMENT # L94000000166

1. Limited Liability Company's Name

CREATIVE MANAGEMENT RE, L.C.

2. Principal Office Address	3. Mailing Office Address
c/o Russell Beyer	c/o Russell Beyer
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2888 E. Oakland Park Blvd	PO Box 11180
City & State	City & State
Ft Lauderdale, FL	Ft. Lauderdale, FL
Zip: 33306 Country: USA	Zip: 33339-1180 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/19/94

6. FEI Number: 65-0497307 ☐ 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: 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: Russell Beyer Date: 6/7/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	ESTHER STAHLER	17 BEECHWOOD DR.	LAWRENCE, NY 11559
MANAGING MEMBER	RUKI RENOV	9 BEECHWOOD DR	LAWRENCE, NY 11559
		REINSTATEMENT	2001-2003

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: Ruki Renov Date: 7/9/03 Daytime Phone#: 516 596 1818

Typed or printed name of signing Managing Member/Manager: