

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000781**

1. Limited Liability Company's Name

The Creative Solutions Group

REINSTATEMENT 2000

2. Principal Office Address

3411 Lands End Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3411 Lands End Drive

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

City & State

St. Augustine, FL

Zip

32084

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

July 18, 1997

6. FEI Number

59-3466634

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

Christine R. Smith

Street Address (P.O. Box Number is Not Acceptable)

3403 Lands End Drive

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Christine R. Smith

REGISTERED AGENT MUST SIGN

Date

11/22/2000

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
member	Steven J. Hendrickson	3411 Lands End Drive	St. Augustine, FL 32084
member	Nancy E.R. Hendrickson	3411 Lands End Drive	St. Augustine, FL 32084
Member	Christine R. Smith	3403 Lands End Drive	St. Augustine, FL 32084

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

Nancy E.R. Hendrickson

Date

11/22/2000

Daytime Phone # **904-823-1184**

Typed or printed name of signing Managing Member/Manager

Nancy E.R. Hendrickson

CR2E041 (9/99)