

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 AM 8:18

DOCUMENT # L9900000 5531

1. Limited Liability Company's Name

CREEKSIDE OAKS, LLC.

REINSTATEMENT 2001-2002

2. Principal Office Address

870 HIGGINS RD.

Suite, Apt. #, etc.

136

City & State

SCHAUMBURG IL

Zip

60173

Country

USA

3. Mailing Office Address

870 HIGGINS RD

Suite, Apt. #, etc.

SUITE 136

City & State

SCHAUMBURG

Zip

60173

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

SEPT. 2, 1999

6. FEI Number

36-4314470

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

WILLIAM ALLARD

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

695 CENTRAL AVE ; SUITE 207

Suite, Apt. #, Etc.

#607

City

ST. PETERSBURG

State

FL

Zip Code

33701

800005171868-4

-03/27/02-01048-026

****205.00 ****205.00

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

William Allard

Date 3/21/02

REGISTERED AGENT MUST SIGN

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
MGR	DAVID FELTMAN	870 HIGGINS RD., SUITE 136	SCHAUMBURG / IL / 60173
	REINSTATEMENT	<u>2001-2002</u>	

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

David Felts

Date 3/21/02

Daytime Phone# 847-995-7005

Typed or printed name of signing Managing Member/Manager DAVID FELTMAN

CR2E041 (9/01)