## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 27 AM 11:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT #   L02000014242
Name and Mailing Address

0015342 01 MB 0.309 **AUTO  T7 0 0615 07305-450908
EDDIE'S WAREHOUSE OUTLET OF EDGEWOOD, LLC
108 INDUSTRIAL DR
JERSEY CITY NJ 07305-4509

| 2. New Mailing Address  100 Middlesex Avenue | 4. State/Country of Formation  FL |
|---|---|
| City, State, Zip  Carteret, NJ 07008 | 5. Date Organized or Qualified To Do Business in Florida   06/10/2002 |

| Principal Place of Business  108 INDUSTRIAL DR  JERSEY CITY NJ 07305 | 3. New Principal Place of Business Address  100 Middlesex Avenue  City, State, Zip  Carteret NJ 07008 | 6. FEI Number  11-3647184 | 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 | 9. Name and Address of New Registered Agent |
|---|---|
| YALCIN, MIKE  2261 EDGEWOOD AVENUE UNIT #3  JACKSONVILLE FL 32244 | Name   Street Address (P.O. Box Number is Not Acceptable)   City                     FL   Zip Code |

10. 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 ___ **SIGNATURE REQUIRED** ___   Date ___
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| Mgr | David Sitt | 100 Middlesex Avenue | Carteret, NJ 07008 |
| | | 000027692140  01/27/04--01045--015  **205.00 | |

REINSTATEMENT 2003-04

12. 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/Manage ___ **SIGNATURE REQUIRED** ___   Date ___   Daytime Phone # ___

Typed or printed name of signing Managing Member/Manager ___

CR2E094 (7/03)