

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 11:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000035098

Name and Mailing Address

0015344 01 MB 0.309 **AUT** T7 0 0615 07305-450908

EDDIE'S WAREHOUSE OF ARLINGTON LLC
108 INDUSTRIAL DRIVE
JERSEY CITY NJ 07305-4509



2. New Mailing Address 100 Middlesex Avenue Carteret NJ 07008		4. State/Country of Formation FL	
Principal Place of Business 108 INDUSTRIAL DRIVE JERSEY CITY NJ 07305		5. Date Organized or Qualified To Do Business in Florida 12/30/2002	
3. New Principal Place of Business Address 100 Middlesex Avenue Carteret NJ 07008		6. FEI Number 56-2318496	
8. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent		Applied For Not Applicable	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		FL Zip Code	

CR2EG04 (7/03)

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: *Marc D. Moel*
MARC D. MOEL, ASST SECY REGISTERED AGENT MUST SIGN Date: 1/5/04

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

000027692220
01/27/04--01045--016 **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., and 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 Sitt* **SIGNATURE REQUIRED** Date: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____