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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
04 JAN -7 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000453

Name and Mailing Address

0015343 01 MB 0.309 **AUTO T7 0 0615 07305-450908



EDDIE'S WAREHOUSE OUTLET, LLC
108 INDUSTRIAL DRIVE
JERSEY CITY NJ 07305-4509

BK



2. New Mailing Address 100 Middlesex Avenue City, State, Zip Carteret NJ 07008		4. State/Country of Formation DE	
Principal Place of Business 108 INDUSTRIAL DRIVE JERSEY CITY NJ 07305		5. Date Organized or Qualified To Do Business in Florida 02/21/2002	
3. New Principal Place of Business Address 100 Middlesex Avenue City, State, Zip Carteret NJ 07008		6. FEI Number 22-3824600	Applied For Not Applicable
8. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., STE. 508 MIAMI FL 33156		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 Name Street Address (P.O. Box Number is Not Acceptable) 000026886200 01713/04--01091--011 **205.00 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 <u>Michael A. Barr</u> SIGNATURE REQUIRED Date <u>1/6/04 REGISTERED AGENT MUST SIGN</u>			
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 Mr	David Sitt	100 Middlesex Avenue	Carteret, NJ 07008
REINSTATEMENT 2003-2004 Mn			
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/Manager <u>[Signature]</u> SIGNATURE REQUIRED		Date _____ Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager _____			

CR2ECB4 (7/03)