

PLEASE READ ALL INSTRUCTIONS BEFORE

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14 NOV 18 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 107000005737

1. Limited Liability Company Name
MOD TIMES FASHION GROUP, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 7775 WALTON PARKWAY		3. Mailing Office Address 7775 WALTON PARKWAY	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State NEW ALBANY, OH		City & State NEW ALBANY, OH	
Zip 43054	Country	Zip 43054	Country

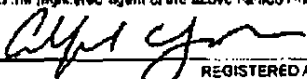
4. State/Country of Formation
Delaware5. Date Organized or Qualified
To Do Business in Florida
09/21/20076. FEI Number
37-1546463Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
Suite Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

NOV 10 2014

L. SELLERS

9. I, being appointed the registered agent of the above named Limited Liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered AgentAlfred Younan
Assistant Secretary

Date 11/18/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representative/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Diane M. Ellis	7775 Walton Parkway	New Albany, OH 43054
MGR	Mark Brody	5200 Town Center Circle, Suite 600	Boca Raton, FL 33486
MGR	Robert Riesbeck	5200 Town Center Circle, Suite 600	Boca Raton, FL 33486
REINSTATEMENT 2013-2014			

11. E-mail Address LEGAL@THELIMITED.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0212, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

ALFRED YOUNAN, Assistant Secretary

**Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
MOD TIMES FASHION GROUP, LLC**

Certificate of Status	0
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