FILED

14 NOV 18 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000005737

CR2E041 (1/14)

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

2. Principal Office Address - No P.O. Box	3. Mailing Office Address
7775 WALTON PARKWAY	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
Delaware

5. Date Organized or Qualified To Do Business in Florida
09/21/2007

6. FEI Number
37-1546463

☐ 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
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 19 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 Agent: [signature] Alfred Younan, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 11/18/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	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 or 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 605.0112, 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: [signature] Date: [illegible] Daytime Phone #: [illegible]

Typed or printed name of signing Authorized Representative/Manager: [illegible handwriting]

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
MOD TIMES FASHION GROUP, LLC

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