

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2017 NOV 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100305810281

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M09000001657

1. Limited Liability Company's Name
ORLANDO BATHING SUIT, LLC

2. Principal Office Address - No P.O. Box # 5337, MILLENIA LAKES BLVD		3. Mailing Office Address 5337, MILLENIA LAKES BLVD	
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32839	Country USA	Zip 32839	Country USA

4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 05/05/2009	
6. FEI Number 26-4750194	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 HAYS STREET

Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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 *Roxanne Turner* **Roxanne Turner** **Asst. Vice President** Date **11/16/17**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	RAB ACQUISITION LLC	205 WEST 19TH STREET	NEW YORK, NY 10011
MGRM	ORLANDO BATHING SUIT (HOLDINGS) LLC	1345 AVENUE OF THE AMERICAS	NEW YORK, NY 10105
MGRM	FORTRESS VALUE RECOVERY FUND I, LLC	1345 AVENUE OF THE AMERICAS	NEW YORK, NY 10105
MGR	BLUMENTHAL, RANDALL A	5337, MILLENIA LAKES BLVD, SUITE 400	ORLANDO, FL 32839
PRES	ARNOLD, SHEILA	5337, MILLENIA LAKES BLVD, SUITE 400	ORLANDO, FL 32839

11. E-mail Address: _____

(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 requirement of section 605.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *R. Beeman* Date **11/16/17** Daytime Phone # _____

Typed or printed name of signing authorized representative/member _____

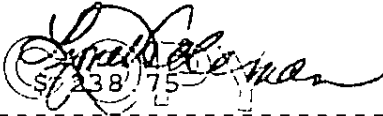
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 918596 7622242

AUTHORIZATION :

COST LIMIT :

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text "\$238.75" and "L".

ORDER DATE : November 16, 2017

ORDER TIME : 3:28 PM

ORDER NO. : 918596-005

CUSTOMER NO: 7622242

REINSTATEMENT

NAME: ORLANDO BATHING SUIT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____