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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: See Cover Page

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT  
MAX RAVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M06000001748

1. Limited Liability Company's Name

MAX RAVE, LLC

2. Principal Office Address - No P.O. Box #

2761 Fruitland Ave

Suite, Apt. #, etc.

City & State

Vernon, CA 90058

Zip

90058

Country

USA

3. Mailing Office Address

PO Box 58543

Suite, Apt. #, etc.

City & State

Vernon, CA

Zip

90058

Country

USA

8. Name and Address of Current Registered Agent

Name

CI CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33324

9. 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

*[Signature]* YADERA GARCIA, ASST SECY  
REGISTERED AGENT MUST SIGN

Date

11/25/2009

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CFO	Brian Fleming	2761 Fruitland Ave	Vernon, CA 90058
CEO	Max Azria	2761 Fruitland Ave	Vernon, CA 90058

REINSTATEMENT 08-09

OR 11-30-09

11. E-mail Address: max@khonebbg.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 disqualification 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

*[Signature]*

Date

11/24/09

Daytime Phone #

(323) 476-4478

Typed or printed name of signing Managing Member/Manager: Brian Fleming, CEO

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 TALLAHASSEE, FLORIDA  
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