SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 AM 9:26

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000003502

1. Corporation Name: Anna's Linens Inc.

REINSTATEMENT 06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
3550 Hyland Ave	3550 Hyland Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Costa Mesa, CA	City & State: Costa Mesa, CA
Zip: 92626 Country: USA	Zip: 92626 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 15 2005

5. FEI Number: 33-0844273 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional [illegible] of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD.

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] M.T. FITZPATRICK ~~ASSISTANT SECRETARY~~ Date: October 30, 2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres, CEO	Alan Gladstone	3550 Hyland Ave	Costa Mesa, CA 92626
Sec	Carie Doll	3550 Hyland Ave	Costa Mesa, CA 92626
Dir.	Peter Brock	3550 Hyland Ave	Costa Mesa, CA 92626
Dir	Howard Behar	3550 Hyland Ave	Costa Mesa, CA 92626
Dir.	Patricia Pineda	3550 Hyland Ave	Costa Mesa, CA 92626

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: [signature] Patrick Barber — 10/30/06 — 714-850-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR00 - 11/04/2006 C T System Online

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

ANNA'S LINENS, INC.

Certificate of Status	1
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