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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
16 MAY -4 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (11/10)

DOCUMENT # F10000005041

1. Corporation Name

CHEROKEE LICENSING INC.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 5990 SEPULVEDA BLVD | | 5990 SEPULVEDA BLVD | |
| State, Apt. #, etc. | | State, Apt. #, etc. | |
| SUITE 600 | | SUITE 600 | |
| City & State | | City & State | |
| SHERMAN OAKS, CA | | SHERMAN OAKS, CA | |
| Zip | Country | Zip | Country |
| 91411 | | 91411 | |

4. Date Incorporated or Qualified To Do Business in Florida 11/17/2010

5. FEI Number 95-4182437 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

900285431499

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 _____ Courtney Williams Asst. Vice President Date 05.04.16

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| CEO | HENRY STUPP | 5990 SEPULVEDA BLVD, SUITE 600 | SHERMAN OAKS, CA 91411 |
| COO | HOWARD SIEGEL | 5990 SEPULVEDA BLVD, SUITE 600 | SHERMAN OAKS, CA 91411 |
| CFO | JASON BOLING | 5990 SEPULVEDA BLVD, SUITE 600 | SHERMAN OAKS, CA 91411 |
| D | JESS RAVICH | 5990 SEPULVEDA BLVD, SUITE 600 | SHERMAN OAKS, CA 91411 |
| | | | |
| | | | |

10. **E-mail Address:** jennifer@cherokeeglobalbrands.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:** _____ JASON BOLING, CFO 5/3/16 (818)908-4868

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

RE 5/4/16

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16 MAY -4 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 129065 4338584

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 1,500.00

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ORDER DATE : May 4, 2016

ORDER TIME : 1:19 PM

ORDER NO. : 129065-005

CUSTOMER NO: 4338584

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REINSTATEMENT

RECEIVED
DEPARTMENT OF STATE
16 MAY -4 PM 1:58

NAME: CHEROKEE INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____