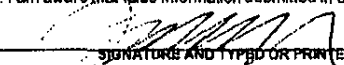


1 of 2 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F10000005041			
1. Corporation Name CHEROKEE LICENSING INC.			
2. Principal Office Address - No P.O. Box # 5990 SEPULVEDA BLVD State, Apt. #, etc. SUITE 600 City & State SHERMAN OAKS, CA Zip 91411		3. Mailing Office Address 5990 SEPULVEDA BLVD State, Apt. #, etc. SUITE 600 City & State SHERMAN OAKS, CA Zip 91411	
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street State, Apt. #, Etc. City Tallahassee		4. Date Incorporated or Qualified To Do Business in Florida 11/17/2010 5. FEI Number 95-4182437 6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status	
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 COURTESY WILLIAMS Asst. Vice President Date 05.04.16 REGISTERED AGENT MUST SIGN		900285431499	
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
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@cherokee-globulbrands.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 (813) 408-4868	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

RE 5/4/16

2 of 2 pages
APPROVED
AND
FILED

16 MAY -4 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 129065 4338584

AUTHORIZATION :

COST LIMIT : \$ 1,500.00

ORDER DATE : May 4, 2016

ORDER TIME : 1:19 PM

ORDER NO. : 129065-005

CUSTOMER NO: 4338584

REINSTATEMENT

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 _____

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