

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

2001-2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 16 AM 8:33

457/31

**DOCUMENT #**

1. Limited Liability Company's Name

ChristWear L00000004835

2. Principal Office Address

5527 2nd Road

Suite, Apt. #, etc.

City & State

Lake Worth Florida

Zip

33467

Country

U.S.A.

3. Mailing Office Address

P.O. Box 541235

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33454

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

04/21/2000

6. FEI Number

65-1049986

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Jean-Rene Bordes

800005677108

-06/04/02--01037--003

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

92 Flanders B

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

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

Jean-Rene Bordes

REGISTERED AGENT MUST SIGN

Date 05/01/02

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
President MGR	Jean-Rene Bordes	92 Flanders B	Delray Beach 33484 Florida

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11. I certify that I am managing member/manager or 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 dissolution 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

Jean-Rene Bordes

Date 05/01/02

Daytime Phone

(561) 248-6421

Typed or printed name of signing Managing Member/Manager

JEAN-RENE BORDES