

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000008934

FILED
Oct 05, 2007
Secretary of State

Entity Name: SONIA BRAGA CUSTOM TAILOR, L.C.

Current Principal Place of Business:

1880 SW 57 AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

1339 SW 22 TERR
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1029695 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BENDER, HARRY K
C/O BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

BANNISTER, SONIA B
1339 SW 22 TERR
MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SONIA BRAGA BANNISTER

10/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SONIA BRAGA BANNISTER, R
Address: 1339 S.W. 22 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: MGR (X) Delete
Name: BANNISTER, DAVID
Address: 1339 S.W. 22 TERRACE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SONIA BRAGA BANNISTER

MGR

10/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date