L00000011090

DEC ... NO. 3437 P. 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 DEC 31 PM 4: 11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011090

Name and Mailing Address

0006851 01 FF 0.362 ••PRSRT T1 0 0615 10151-150481
ALCO APPAREL LLC
C/O ALCO CAPITAL CORP.
745 FIFTH AVE., STE. 1506
NEW YORK NY 10151-1504

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 09/14/2000
Principal Place of Business: C/O ALCO CAPITAL CORP. 745 FIFTH AVE., STE. 1506 NEW YORK NY 10151 / 3. New Principal Place of Business Address / City, State, Zip	6. FEI Number: 65-1043048 / 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	9. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	Name: Russell W Fleet, Jr.
	Street Address (P.O. Box Number is Not Acceptable): 608 Frances Street
	City: Key West FL Zip Code 33040

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10. 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 X Russell W Fleet Jr Date 12/26/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	COHEN, ALAN	300 SE FIFTH AVE., APT. 5100	BOCA RATON FL 33432
MEM	COHEN, MATTHEW D	710 PARK AVE., APT. 10A	NEW YORK NY 10021
MEM	COHEN, ALISON H	10 NELSON PLACE	TENAFLY NJ 07670
MEM	KANE, DANIEL	23022 CALABASAS RD.	CALABASAS CA 91302
MEM	NASSI, ALBERT	23022 CALABASAS RD.	CALABASAS CA 91302
MEM	NASSI, GARRETT	23022 CALABASAS RD.	CALABASAS CA 91302

REINSTATEMENT 2002

12. 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 Alan Cohen Date 11/4/02 Daytime Phone # 212-751-9150

Typed or printed name of signing Managing Member/Manager Alan Cohen