PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 14 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015288

1. Limited Liability Company's Name

CREATIVE APPAREL MERCHANDISING CO., LLC

2. Principal Office Address	3. Mailing Office Address
12207 Oyen Court	12207 Oyen Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787 Country: Orange	Zip: 34787 Country: Orange

4. State/Country of Formation: Florida, Orange County

5. Date Organized or Qualified To Do Business in Florida: 12/04/00

6. FEI Number: 59-3701122 ☐ 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: JACK VINES

Street Address (P.O. Box Number is Not Acceptable): 12207 Oyen Court

Suite, Apt. #, Etc.:

City: Winter Garden State: FL Zip Code: 34787

800004737208--3
-12/24/01--01005--003
****150.00 ****50.00

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: Jack B. Vines Date: 12/07/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
P	JACK VINES	12207 Oyen Court	Winter Garden, FL 34787

REINSTATEMENT

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: Jack B Vines Date: 12/07/01 Daytime Phone #: (407) 616-8503

Typed or printed name of signing Managing Member/Manager