


# L 01000007837

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L 01000007837**

1. Limited Liability Company's Name  
**FRESH FOOTWEAR, LTD. CO.**

200023972792  
10/21/03--01081--007 \*\*200.00

2. Principal Office Address <b>470 Lincoln Road</b> Suite, Apt. #, etc. <b>#406</b> City & State <b>Miami Beach, FL</b> Zip <b>33139</b> Country <b>U.S.A.</b>		3. Mailing Office Address <b>470 Lincoln Road</b> Suite, Apt. #, etc. <b>#406</b> City & State <b>Miami Beach, FL</b> Zip <b>33139</b> Country <b>U.S.A.</b>	
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4. State/Country of Formation <b>Florida / United States</b>	
5. Date Organized or Qualified To Do Business in Florida <b>5/17/01</b>	
6. FEI Number <b>65-0975073</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

Name  
**Robb M. Garvie**

Street Address (P.O. Box Number is Not Acceptable)  
**470 Lincoln Road**

Suite, Apt. #, Etc.  
**Suite 406**

City  
**Miami Beach** State  
**FL** Zip Code  
**33139**

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: *[Signature]* Date: **October 15, 2003**

**REGISTERED AGENT MUST SIGN**

**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
MGRM	Robb M. Garvie	470 Lincoln Road, # 406	Miami Beach, FL 33139

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: *[Signature]* Date: **10/15/03** Daytime Phone #: **305-535-8280**

Typed or printed name of signing Managing Member/Manager: **Robb M Garvie**

CR2E041 (10/02)

**REINSTATEMENT 02-03**  
**dec**