

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L01000011852

Name and Mailing Address

0014792 01 AB 0.301 \*\*AUTO H5 0 0615 10010-293403



HURRY BRANDS, LLC  
327 PARK AVE. SOUTH  
SUITE #3  
NEW YORK NY 10010-2934



US

2. New Mailing Address		4. State/Country of Formation FL																																	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/19/2001																																	
Principal Place of Business 327 PARK AVE. SOUTH SUITE #3 NEW YORK NY 10010 US	3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 90-0019096  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  NEWMAN, IRWIN 2101 NW CORPORATE BLVD SUITE 414 BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500026636445 01/09/04--01100--002 **200.00 City FL Zip Code																																	
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 1/6/04 REGISTERED AGENT MUST SIGN																																			
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>DECKINGER, KEN</td> <td>327 PARK AVE. SOUTH #3</td> <td>NEW YORK NY 10010</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	DECKINGER, KEN	327 PARK AVE. SOUTH #3	NEW YORK NY 10010																								
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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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 1/5/04 Daytime Phone # 212-871-6707 Typed or printed name of signing Managing Member/Manager KEN DECKINGER																																			

CR2E034 (7/03)

**REINSTATEMENT**

*[Handwritten initials and signature]*