

L01000016924

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

2003 MAY -8 AM 8:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016924

1. Limited Liability Company's Name

FASHION ISLAND CONCEPTS, LLC

100015480061
04/08/03--01075--032 **150.00

2. Principal Office Address 2000 Island Blvd. Suite, Apt. #, etc. 908 City & State Aventura Zip 33160		3. Mailing Office Address 2000 Island Blvd. Suite, Apt. #, etc. 908 City & State Aventura, FL Zip 33160		Country US
--	--	--	--	---------------

4. State/Country of Formation	Florida
5. Date Organized or Qualified To Do Business in Florida	10/02/2001
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 Liza Hazan	
Street Address (P.O. Box Number is Not Acceptable) 2000 Island Blvd.	
Suite, Apt. #, Etc. 908	
City Aventura	State FL
	Zip Code 33160

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 Date 11/8/02
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
MGM	Liza Hazan	2000 Island Blvd., #908	Aventura, FL 33160

100015480061
05/08/03--01085--002 **50.00

REINSTATEMENT 2002-03

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 Date 11/8/02 Daytime Phone# 305-968-9706
Typed or printed name of signing Managing Member/Manager Liza Hazan

CR2E041 (9/01)