

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018081

Name and Mailing Address

0004561 01 AT 0.292 **AUTO T9 0 0615 33015-630228



DLA APPAREL LLC
17240 NW 64TH AVE. #103
HIALEAH FL 33015-6302

800025759778
12/26/03--01003--010 **150.00



2. New Mailing Address 4706 SW 160TH AVE. #116		4. State/Country of Formation FL	
City, State, Zip MIAMI, FL 33027		5. Date Organized or Qualified To Do Business in Florida 10/18/2001	
Principal Place of Business 17240 NW 64TH AVE. #103 HIALEAH FL 33015	3. New Principal Place of Business Address 4706 SW 160TH AVE #116 City, State, Zip MIAMI, FL 33027	6. FEI Number 65-1150868	Applied For 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 LURIE, DWIGHT 17240 NW 64TH AVE. #103 HIALEAH FL 33015		9. Name and Address of New Registered Agent Name Dwight Lurie Street Address (P.O. Box Number is Not Acceptable) 4706 SW 160TH AVE #116 City MIAMI FL Zip Code 33027	
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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 SIGNATURE REQUIRED Date 12-18-03

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
MGRM	LURIE, DWIGHT	17240 NW 64TH AVE. #103	HIALEAH FL 33015
MGRM	DEMSKY, LAURIE	733 N. KINGS ROAD #312	LOS ANGELES CA 90069

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 SIGNATURE REQUIRED Date 12-11-03 Daytime Phone # 954-435-6027

Typed or printed name of signing Managing Member/Manager