

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000020435

Name and Mailing Address

0002056 01 FP 0.352 **PRSRT T7 0 0615 33140-312527



SOTTO FASHION DESIGN L.L.C.

427 WEST 45 STREET

MIAMI BEACH FL 33140-3125

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REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 427 WEST 45 STREET MIAMI BEACH FL 33139		5. Date Organized or Qualified To Do Business in Florida 11/28/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 03-0373060	
		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 SOTO, CLAUDIA P 424 WEST 45 STREET MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 CLAUDIA P SOTO Date 11-20-02

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
MGR	SOTO, CLAUDIA P	424 WEST 45 STREET	MIAMI BEACH FL 33139
MGR	BETANCOURT, MELISSA M	8280 SW 149 CT. APT. 208	MIAMI FL 33183
000009231360 11/26/02--01088--010 **150.00			
REINSTATEMENT 2002			

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 CLAUDIA P SOTO Date 11-20-02 Daytime Phone # 305 443-9695

Typed or printed name of signing Managing Member/Manager