

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUL 18 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L020000003482

1. Limited Liability Company's Name

THE BRITISH CLOTHING COMPANY, L.L.C.

2. Principal Office Address

29188 MISSION TRAIL LANE 29188 MISSION TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / U.S.A

5. Date Organized or Qualified  
To Do Business in Florida

12<sup>th</sup> FEB 2002

6. FEI Number

38-3644219

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

VALENCIA, CA

City & State

VALENCIA, CA

Zip

91354

Country

U.S.A

Zip

91354

Country

U.S.A

8. Name and Address of Current Registered Agent

Name

GURPINDER DUGGAL

Street Address (P.O. Box Number is Not Acceptable)

6767 COLLINS AVENUE

Suite, Apt. #, Etc.

SUITE # 1804

City

MIAMI BEACH

State

FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date 05/18/2006

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
MGR	GIRISH GULATI	29188 MISSION TRAIL LN	VALENCIA/CA/91354

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

Daytime Phone #

6612951400

Typed or printed name of signing Managing Member/Manager

GIRISH GULATI (MANAGER)