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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

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008067

Name and Mailing Address

0004954 01 AT 0.292 **AUTO TO 0 0615 33029-322301

PERFUME OUTLET OF ST. AUGUSTINE, LLC

1301 NW 193 AVE

PEMBROKE PINES FL 33029-3223



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/05/2002	
Principal Place of Business ST. AUGUSTINE OUTLET CENTER ROUTE 95, EXIT 95 ST. AUGUSTINE FL	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 35-2171018	Applied For Not Applicable
8. Name and Address of Current Registered Agent FRIEDMAN, RON A 1301 NW 193 AVE PEMBROKE PINES FL 33029		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024289636 10/30/03--01051--021 FL **150.00 City	
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 10/27/03 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
MM	RON A FRIEDMAN	1301 NW 193 AVE	Pembroke Pines, FL 33029
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 10/27/03 Daytime Phone # 954-558-3394 Typed or printed name of signing Managing Member/Manager:			

CR2E034 (7/03)