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AUDIT NO. H03000298823 3

L02000011474

APPROVED AND FILED

03 OCT 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT # L02000011474

1. Limited Liability Company's Name
STITCHES OF DELRAY, LLC

2. Principal Office Address
6638 Bristol Lake South
Suite, Apt. #, etc.
City & State
Delray Beach, FL
Zip 33446 Country

3. Mailing Office Address
6638 Bristol Lake South
Suite, Apt. #, etc.
City & State
Delray Beach, FL
Zip 33446 Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 05/10/2002

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name BROWN, MORTON P., ESQ.
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street
Suite, Apt. #, Etc. 17th Floor
City Miami State FL Zip Code 33131

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 [signature] Date 10/16/03

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
MGRM	BILAWSKY, ANNE	6638 Bristol Lake South	Delray Beach, FL 33446

10-17-03

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 [signature: Anne Bilawsky] Date 10/16/03 Daytime Phone# 561-638-955

Typed or printed name of signing Managing Member/Manager Anne Bilawsky, as Managing Member

AUDIT NO. H03000298823 3

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

STITCHES OF DELRAY, LLC

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