

01/27/2004 11:43 FAX

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000025001

1. Limited Liability Company's Name

KEPP'S MEN'S SHOP, LLC

2003-2004

REINSTATEMENT

2. Principal Office Address 850 Fifth Avenue South Suite, Apt. #, etc.		3. Mailing Office Address 850 Fifth Avenue South Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Naples, FL		City & State Naples, FL		5. Date Organized or Qualified To Do Business in Florida	
Zip 34102	Country USA	Zip 34102	Country USA	6. FEI Number 06-1653988	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		
Name CLASP Inc.		
Street Address (P.O. Box Number is Not Acceptable) 3001 Tamiami Trail North, 4th Floor		
Suite, Apt. #, Etc.		
City Naples	State FL	Zip Code 34103

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 By: [Signature] Date January 27, 2004
 REGISTERED AGENT MUST SIGN Scott Duval, Vice President

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Jonathan Clark Russell	3005 Fort Charles Drive	Naples, FL 34102

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] Date 1/27/04 Daytime Phone# 239.643.1234
 Typed or printed name of signing Managing Member/Manager Jonathan Clark Russell

WJZ

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

KEPP'S MEN'S SHOP, LLC

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