## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

1. DOCUMENT # L02000026178

Name and Mailing Address

Secretary of State

DIVISION OF CORPORATIONS

FILED 2004 JAN 13 AM 9: 54

DIVISION OF CORPORATIONS ALLAHASSEE, FLORIDA



			, <del></del>		<u> </u>		
2. New Mailing Address City, State, Zip				4. State/Country of Formation			
				5. Date Organized or Qualified To Do Business in Florida 10/04/2002			
Principal Plac	ace of Business  ART FASHION CORPORATIO	3. New Principal Place of Busines	ncipal Place of Business Address		6. FEI Number		For licable
745 FIFTH AVENUE 31ST FL NEW YORK NY 10151		City, State, Zio		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
	8: Name and Address of Current	Registered Agent		9. Name and Ar	ddress of New Regist	ered Agent	
120	RPORATION SERVICE COMPA 11 HAYS STREET LLAHASSEE FL 32301-2525		Street Address (P.O. Epx Number is Not Accessable) for 1090  Charles Gables  Coral Gables  FL Zip Code 33146				
Signature of Registered	RI and Street Addresses of Each Managing	EGISTERED AGENT MUST SIGN -			Date		
Title(s)	Name of Managing Members/Managers	Mana	Street Address of Each Managing Member/Manager		City / State / Zip		
MSRM.	TASON M. Weiser	347 SAN	Lover	,-Suite	COTALGA	bles FL3	JY (
				30 01/15/	002698 04010070	4513 01 **150.00	
	e				ATEWEN		
tiling t	tify that I am managing member/manager this reinstatement application the reason fees owed by the limited liability company had made under oath.	r or the receiver or trustee empowere for dissolution had been eliminated, the ave been paid. Tile information indicates	ed to execute this ne limited liability ted on this applica	s application as provid company name satisfic ation is true and accur	ded for in chapter 608, es the requirements of rate, and my signature	F.S. 1 further certify that section 608 406, F.S., a	а епесі

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