


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

2003 DEC -4 PM 1:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. DOCUMENT # L02000030392

Name and Mailing Address

0008241 01 AT 0.292 **AUTO TO 0 0615 33308-660665



CJK COUTURE, L.L.C.

3900 GALT OCEAN MILE

#1415

FORT LAUDERDALE FL 33308-6606

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/12/2002	
Principal Place of Business 3900 GALT OCEAN MILE #1415 FORT LAUDERDALE FL 33308	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 43-1983332	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 KOUNARIS, CYNTHIA 3900 GALT OCEAN MILE #1415 FORT LAUDERDALE FL 33308	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024337326 10/31/03--01079--010 **150.00 City FL Zip Code
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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 Cynthia Kounaris **SIGNATURE REQUIRED** Date 10/28/03

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
Mgrm	Cynthia Kounaris	3900 Galt Ocean Dr #1415	Ft. Lauderdale FL 33308

REINSTATEMENT 2003

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 Cynthia Kounaris **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 954-522-1678

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)