

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L02000032907

Name and Mailing Address

0008062 01 AT 0.292 **AUTO TO 0 0615 33304-140827



ICBLU JEANSWEAR, LLC
1975 E. SUNRISE BLVD
SUITE 502
FORT LAUDERDALE FL 33304-1408



US

2. New Mailing Address

1975 EAST SUNRISE BLVD # 502
Ft Lauderdale, FL 33304

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/09/2002

Principal Place of Business

1975 E. SUNRISE BLVD
SUITE 502
FORT LAUDERDALE FL 33304
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

14-1860063

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIKA, MARTIN

4760 N. DIXIE HIGHWAY
SUITE #12
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

MARTIN J. SPIKA

Street Address (P.O. Box Number is Not Acceptable)

1975 EAST SUNRISE BLVD # 502

City

Ft Lauderdale

FL

Zip Code

33304

10. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

Date 10-24-03

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	SPIKA, MARTIN	1975 EAST SUNRISE BLVD # 502	Ft Lauderdale FL 33304
MGR	WEINSTEIN, STEPHEN	1975 EAST SUNRISE BLVD # 502	Ft Lauderdale FL 33304
MGR	HUANG, DA YI	1975 EAST SUNRISE BLVD # 502	Ft Lauderdale FL 33304

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]

SIGNATURE REQUIRED

Date

10-30-03

Daytime Phone #

954-763-4063

Typed or printed name of signing Managing Member/Manager

MARTIN J. SPIKA

CR2E084 (7/03)