
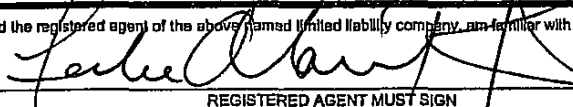
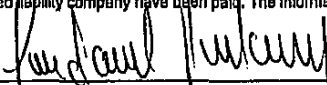


L03000019861

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		300104446093 06/15/07--01065--007 **300.00	
DOCUMENT # 1. Limited Liability Company's Name <div style="text-align: right; margin-right: 50px;">04</div> PANTALONES DIDLJIN, LLC					
2. Principal Office Address - No P.O. Box # 311 Poinciana Island Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 301 W. Hallandale Beach Blvd. <small>Suite, Apt. #, etc.</small>		<div style="font-size: 2em; font-weight: bold; transform: rotate(90deg); position: absolute; top: 0; left: 0;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(90deg); position: absolute; top: 20px; left: 0;">07 JUN 13 PM 12:26</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(90deg); position: absolute; top: 40px; left: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(90deg); position: absolute; top: 60px; left: 0;">CR2E041</div>	
City & State North Miami Beach, Florida		City & State Hallandale Beach, Florida			
Zip 33160	Country U.S.A.	Zip 33009	Country U.S.A.		
4. State/Country of Formation Florida/USA		5. Date Organized or Qualified To Do Business in Florida 06/03/2003			
6. FEI Number 56-236-9464		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 Rozencaiq, Nadel & Ferrero-Carr, LLP					
Street Address (P.O. Box Number is Not Acceptable) 301 W. Hallandale Beach Boulevard					
<small>Suite, Apt. #, Etc.</small>					
City Hallandale Beach		State FL	Zip Code 33009		
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 				Date 06/12/2007	
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		
MGR	Guillermo Woliner	311 Poinciana Island Dr.	North Miami Beach, Fla. 33160		
MGR	Daniel Benhamu	311 Poinciana Island Dr.	North Miami Beach, Fla. 33160		
MGR	Yamin Benhamu	311 Poinciana Island Dr.	North Miami Beach, Fla. 33160		
MGR	Ariel Bentata	20801 Byscaine Blvd. Suite 403	Aventura, Fla. 33180		
REINSTATEMENT 2004-2007					
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 608.408, 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 				Date 05/22/07 Daytime Phone # (954)455-5100	
Typed or printed name of signing Managing Member/Manager					