

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000037598			
1. Limited Liability Company's Name M5 Apparel, L.L.C.			
2. Principal Office Address - No P.O. Box # 20725 NE 16th Ave Suite, Apt. #, etc. UNIT A1 City & State NORTH MIAMI BEACH, FL Zip 33179-2123 Country USA		3. Mailing Office Address 2991 NE 185th STREET Suite, Apt. #, etc. UNIT 1706 City & State AVENTURA, FL Zip 33180 Country USA	
8. Name and Address of Current Registered Agent Name Mary Beth Meyers CPA Street Address (P.O. Box Number is Not Acceptable) 3201 Flagler Avenue, Suite 506 Suite, Apt. #, Etc. City Key West State FL Zip Code 33040		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 9/29/2003 6. FEI Number 421606320 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/> <small>SEE US And Attach Fee for this Certificate of Status</small>	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent Mary Beth Meyers Date 9-19-07 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ELAN BITTON	2991 NE 185th STREET UNIT 1706	AVENTURA, FL 33180
MEM	OFRA BITTON	2991 NE 185th STREET UNIT 1706	AVENTURA, FL 33180
REINSTATEMENT			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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 Elan Bitton Date 9-19-07 Daytime Phone # 305-849-1863			
Typed or printed name of signing Managing Member/Manager ELAN BITTON			