

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 20 PM 12:42

DOCUMENT # **604000018551**

1. Limited Liability Company's Name

WORTH AVENUE Holdings LLC

REINSTATEMENT **2008-10 Sen**

300176682423
04/20/10--01044--011 **116.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

795 5TH AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10021

Country

USA

3. Mailing Office Address

795 5TH AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10021

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

03/09/2004

6. FEI Number

20-1130537

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

Name **DOGRAMACIYAN, GARBIS**

Street Address (P.O. Box Number is Not Acceptable)
1635 LANDS END ROAD

Suite, Apt. #, Etc.

City **POINT MANALAPAN**

State

FL

Zip Code

33462

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **04/15/10**

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 | DOGRAMACIYAN, GARBIS | 1635 LANDS END ROAD | POINT MANALAPAN FL 33462 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address **Magdzen@aol.com**

(To be used for future annual report notifications)

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

Date **04/15/10** Daytime Phone #

Typed or printed name of signing Managing Member/Manager