

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000026320

**FILED**  
**Jul 09, 2007**  
**Secretary of State**

**Entity Name:** IN THE BOX USA, LLC

**Current Principal Place of Business:**

306 ALCAZAR AVENUE, SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2371 NEW YORK AVENUE  
SO HUNTING TON, NY 11746

**Current Mailing Address:**

306 ALCAZAR AVENUE, SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

2371 NEW YORK AVENUE  
SO HUNTINGTON, NY 11746

**FEI Number:** 20-1104498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

**Name and Address of New Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA TADLOCK

07/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAVECCHIA, FELICE  
Address: 306 ALCAZAR AVENUE, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAVECCHIA, FELICE  
Address: 2371 NEW YORK AVENUE  
City-St-Zip: SO HUNTINGTON, NY 11746 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FELICE LAVECCHIA

MGRM

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date