L04000058678

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

LES BOUTIQUES ~~US~~ HOLDINGS, LLC

Certificate of Status	0
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M. Galligan JAN 10 2007

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (3/05)

DOCUMENT # L04000058~~119~~ 678

1. Limited Liability Company's Name
Les Boutiques Holdings, LLC

2. Principal Office Address	3. Mailing Office Address
18671 Collins Ave.	2 S. Biscayne Blvd.
Suite, Apt. #, etc. Unit 1202	Suite, Apt. #, etc. Suite 3400
City & State Sunny Isles, FL	City & State Miami, Florida
Zip 33160 Country USA	Zip 33131 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: August 6, 2004

6. FEI Number: 20-1512316 ☐ 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: GY Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Blvd.
Suite, Apt. #, Etc.: Suite 3400
City: Miami State: FL Zip Code: 33131

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: [signature] REGISTERED AGENT MUST SIGN Date: January 8, 2007

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	Cohen, Gerard	18671 Collins Avenue #1202	Sunny Isles, Florida 33160
		[illegible]	[illegible] 05,06,07

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: [signature] Date: 1/8/07 Daytime Phone # 954-536-0545

Typed or printed name of signing Managing Member/Manager: GERARD COHEN

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