

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -8 AM 10:29

DOCUMENT # L05000036739

1. Limited Liability Company's Name

**UNDERGROUND UNDERWEAR, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
1969 SOUTH ALAFAYA TRAIL

3. Mailing Office Address  
1969 SOUTH ALAFAYA TRAIL

Suite, Apt. #, etc.  
103

Suite, Apt. #, etc.  
103

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

Zip  
32828

Country

Zip  
32828

Country

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida 04/14/2005

6. FEI Number  
20-2679913

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  
**SERRANO, KENNETH**

Street Address (P.O. Box Number is Not Acceptable)  
**1969 SOUTH ALAFAYA TRAIL**

Suite, Apt. #, Etc.  
103

City  
32828

State  
FL

Zip Code  
32828

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 01/31/2007

*[Signature]*

**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
MGRM	SERRANO, KENNETH	1969 SOUTH ALAFAYA TRAIL STE 103	ORLANDO, FL 32828
MGR	CEBALLOS, NAYDU	1969 SOUTH ALAFAYA TRAIL STE 103	ORLANDO, FL 32828

100098224791  
02/13/07--01035--003 \*\*105.00

**REINSTATEMENT 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 608.406, 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

*[Signature]*

Date 01/31/2007

Daytime Phone # (786)278-5309

Typed or printed name of signing Managing Member/Manager

NAYDU CEBALLOS JARAMILLO/MGR