PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY REINSTATEMENT COMPANY COMPANY | | | | FILED 07 JUN 29 PM 1: 22 | |
|--|-------------------------|---------------------|--------------------------|--|--|
| DOCUMENT # | | | | SECRE LARY-OF STATE | |
| 1. Limited Liability Company's Name TOP FASHION_INTERNATIONAL, LLC | | | | | |
| #L0500008 | 18307 | | | | |
| 2. Principal Office A | Address - No P.O. Box # | 3. Mailing Office | ice Address | CR2E041 (1/07) | |
| 826 PENNS | SYLVANIA AVE. | 12111 CALIFA STREET | | 4. State/Country of Formation | |
| Suite, Apt. #, etc. | | Suite, Apx. #, etc. | | FLORIDA | |
| 4 | | 4 | | 5. Date Organized or Qualified To Do Business in Florida | |
| City & State | | City & State | | 09/07/05 | |
| MIAMI BEA | ACH | VALLEY_ | VILLAGE | 6. FEI Number Applied For 20 – 3 4 2 8 1 6 8 Not Applicable | |
| Zip | Country | Zip | Country | 7. | |
| 33139 | U.S.A. | 91607 | U.S.A. | CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee require for a Certificate of Status | |
| | 8. Name and Address o | r Current Register | red Agent | | |
| Name YAMIT TAL Street Address (P.O. Box Number is Not Acceptable) 826 PENNSYLVANIA AVENUE Suite, Apt. #, Etc. 4 | | | State Zip Code | ☐ 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. | |
| MIAMI BEA | АСН | | FL 331 3 9 | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accessing acceptance of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers | | | | Date 06/18/07 | |
| | Name of | nbers/Managers | Street Address of Each | Sh. | |
| Titles | Managing Members/Manag | ers | Managing Member/Mana | | |
| MGRM IDAN | NOOSEL | | 12111 CALIFA ST. | , #4 VALLEY VILLAGE, CA 9160 100106016891 07/12/0701045018 **205.00 | |
| | | | KEINS | STATEMENT 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 filling 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 4/6/07 Daytime Phone# Typed or printed name of signing Managing Member/Manager I DAN NOOSEL | | | | | |