




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;">08 DEC 15 AM 8:03</div> <div style="text-align: right;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div> <div style="text-align: right; font-size: 1.2em;">800138993098</div> <div style="text-align: right;">12/12/08--01046--004 **277.50</div> <div style="text-align: right;">CR2E041 (10/08)</div>	
DOCUMENT # L06000001003					
1. Limited Liability Company's Name Ez Handbags, Llc					
2. Principal Office Address - No P.O. Box # 100 NE 1ST AVENUE Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State HALLANDALE FL			City & State		
Zip 33009	Country BROWARD	Zip	Country	4. State/Country of Formation BROWARD FL	
				5. Date Organized or Qualified To Do Business in Florida 1/4/2006	
				6. FEI Number 20-4051451 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Ofir Ben Yaakov Street Address (P.O. Box Number is Not Acceptable) 100 NE 1ST AVENUE Suite, Apt. #, Etc. City HALLANDALE FL State FL Zip Code 33009					
<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> 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.</div>					
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  Date 11/30/2008 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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	Ofir Ben Yaakov	100 NE 1ST AVENUE	HALLANDALE FL 33009		
	L. SELLERS				
	DEC 17 2008				
	EXAMINER				
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  Date 11/30/2008 Daytime Phone # 954-600-5383 Typed or printed name of signing Managing Member/Manager <u>MANAGING MEMBER</u>					