2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000020146 1. Entity Name						FIL	ED		
A1A CHEF APPAREL, LLC					08	DEC 31	PH 2: 11		
Principal Place	Principal Place of Business Mailing Address						OF STATE E. FLORIDA		
	3020 NE 32ND AVE STE 1203 3020 NE 32ND AVE STE 120 Fort Lauderdale, FL 33308 US Fort Lauderdale, FL 3330				IAL	-AHASSE	E. FLORIDA		
Principal Place of Business - No-P.O. Box # 3. Mailing Address									
242/165 57 242/1665 Suite, Apt. #, etc. Suite, Apt. #, etc.							I BANI TERIT II BIN KAMEN NUBI		
# 205 # 205 City & State — City & State						REIN-LLC	CR2E101		olied For
<i> - </i>	DEROALE, FL	FT. LAUDERO A	Country	<u> </u>	4. FEI Number 13-4323		ės i	Not	Applicable
333	6. Name and Address of Current F	33308	Country			of Status Desired		00 Addi Required	
BOTH DEA		0	7H &	Resident					
ROTH, DEAN MR. 1170 N. FEDERAL HYW 803				Address (P.O. Box Number		ble) #	205	
FORT LAUDERDALE, FL 33304									
City (AUDOBOALE FL Zip Code 308) 8. 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. I am familiar with, and accept									
the obligations of registered agent. DEAN ROTH PRESIDENT 12/25/20									
SIGNATURE Signature, typed or postered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE									
FILE NOWILL FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State									
9. TITLE	MANAGING MEMBER	RS/MANAGERS Delete	10.	PRE	25 1 DONT		S/CHANGES	Change	Addition
NAME	ROTH, DEAN 3020 NE 32ND AVE #1203	_ 5000	NAME STREET ADDRE	S 24	NROTH 2/NE	65 20	7. 4205	•	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		LAUDER		FL 3.	250	8
NAME		☐ Delete	TITLE NAME	_	20	ာက္က႑ ရွ်စ္ခ	3401 <u>5</u> 6	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS	12/31	./08==010			
TITLE NAME		Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS					
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET AODRESS CITY - ST - ZIP			STREET ADDRE	SS					
TITLE NAME	REINSTATE	EMPEDE	TITLE NAME					Change	☐ Addition
STREET ADDRESS City-St-Zip		08	STREET ADDRE CITY-ST-ZIP	ss					
TITLE NAME	•	Delete A	TITLE NAME				,	Change	☐ Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRE	ss					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shalt 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: DEAN ROTH, PRESIDENT 12/25/08 954-439/970 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daily Daylore Priors 8									