L06000050361

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 14 PM 1:52

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800166152808

CR2E041 (11/09)

DOCUMENT # L06000050361

1. Limited Liability Company's Name

Sean John Florida Factory Store LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1710 Broadway	1710 Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10019 Country: USA	Zip: 10019 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/16/2006

6. FEI Number: 20-5762100 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahasee State: FL Zip Code: 32301

☐ 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: Corporation Service Company Paula S Collins Asst Secretary Date: 01-13-2010
REGISTERED AGENT MUST SIGN

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
CFO	MARK J Koda	1710 Broadway	NEW York, NY 10019
Pres & Director	Charles Holmes	2 Capital Drive	Cranbury, NJ 08512

REINSTATEMENT 2007-2010

11. E-mail Address: CHolmes@SeanJohn.com
(To be used for future annual report notifications)

12. 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: Charles Holmes Date: 1/13/2010 Daytime Phone #: 609 395 2550

Typed or printed name of signing Managing Member/Manager: Charles H. Holmes, Jr.

CSC
CORPORATION SERVICE COMPANY

L06000050361

ACCOUNT NO. : I20000000195

REFERENCE : 250155 7538230

AUTHORIZATION :

COST LIMIT : $ 655.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 14 PM 1:52

ORDER DATE : January 13, 2010

ORDER TIME : 5:17 PM

ORDER NO. : 250155-005

CUSTOMER NO: 7538230

DOMESTIC FILINGS

RECEIVED
10 JAN 14 AM 10:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SEAN JOHN FLORIDA FACTORY STORE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____