

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 AUG 12 AM 11:46

SECRETARY OF STATE
CALL OR ASSESS, FL 904

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L06000050361**

1. Limited Liability Company's Name

Sean John Florida Factory Store LLC

2. Principal Office Address - No P.O. Box # 1710 Broadway		3. Mailing Office Address 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 5/18/2006	
6. FEI Number 20-8366642	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Tallahassee	State FL	Zip Code 32301	

300263197203

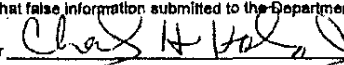
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.		
Signature of Registered Agent 	Doreen S. Haeselin, Asst. VP	Date August 12, 2014
REGISTERED AGENT MUST SIGN		

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Charles Holmes	1710 Broadway	New York, NY 10019
MGR	Richard Saslaw	1710 Broadway	New York, NY 10019
REINSTATEMENT			
2012-2014			

11. E-mail Address: **cholmes@seanjohn.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date **8/11/2014** Daytime Phone # **212 500 2258**
Typed or printed name of signing Authorized Representative/Manager **Charles Holmes**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 252988 7538230

AUTHORIZATION :

COST LIMIT : \$516.25

ORDER DATE : August 12, 2014

ORDER TIME : 9:09 AM

ORDER NO. : 252988-005

CUSTOMER NO: 7538230

DOMESTIC FILINGS

NAME: SEAN JOHN FLORIDA FACTORY
STORE LLC

RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
2014 AUG 12 AM 10:46
NO. 150110
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

AUG 12 2014

M. WILLIAMS