

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000057014

Entity Name: DIFRWEAR LLC

FILED
Oct 05, 2008
Secretary of State

Current Principal Place of Business:

350 FIFTH AVENUE
6408-12
NEW YORK, NY 10118

New Principal Place of Business:

228 PARK AVE. SOUTH
SUTE #11490
NEW YORK, NY 10003

Current Mailing Address:

350 FIFTH AVENUE
6408-12
NEW YORK, NY 10118

New Mailing Address:

228 PARK AVE. SOUTH
SUTE #11490
NEW YORK, NY 10003

FEI Number: 20-5061360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AIELLO, MICHAEL
124 GULFSTREAM ROAD
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MICHAEL AIELLO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AIELLO, MICHAEL
Address: 124 GULFSTREAM ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM (X) Delete
Name: ATREIDEES TRADING LL, C
Address: 350 FIFTH AVENUE 6408-12
City-St-Zip: NEW YORK, NY 10118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall 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: MICHAEL AIELLO

MGR

10/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date