


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 29 AM 11:57

DOCUMENT # L06000089262		
1. Entity Name 4 SEASON COLLECTION, LLC		

Principal Place of Business 2090 N.W. 21 STREET, UNIT C-D MIAMI, FL 33142	Mailing Address 2090 N.W. 21 STREET, UNIT C-D MIAMI, FL 33142
---	---

2. Principal Place of Business - No P.O. Box # 2090 NW 21ST Suite, Apt. #, etc. UNIT C-D City & State MIAMI FL Zip 33142 Country USA	3. Mailing Address 2090 NW 21ST Suite, Apt. #, etc. UNIT C-D City & State MIAMI FL Zip 33142 Country USA
---	---



10122007 REIN-LLC CR2E101 (1/07)

4. FEI Number 14-1977576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SELLA, SHOUKI 2090 N.W. 21 STREET, UNIT C-D MIAMI, FL 33142	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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.

SIGNATURE  DATE 10/22/07  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

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. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELLA, SHOUKI 2090 N.W. 21 STREET, UNIT C-D MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600111462756 10/29/07--01065--018 ***55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, YEHUDA 2090 N.W. 21 STREET, UNIT C-D MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 606, Florida Statutes.

SIGNATURE:  DATE 10/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #