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From:
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Account Number : I20000000258
Phone : (321)984-3300
Fax Number : (321)951-3741

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LIMITED LIABILITY REINSTATEMENT

VILLON CLOTHING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

- $100.00
= $277.50

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D. BRUCE
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EXAMINER

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2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
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DOCUMENT # L07000102954

1. Entity Name
VILLON CLOTHING, LLC

Principal Place of Business	Mailing Address
140 ALBATROSS DR. SATELLITE BEACH, FL 32937	140 ALBATROSS DR. SATELLITE BEACH, FL 32937

04212009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Askar Capital, Inc.	c/o Askar Capital, Inc.
Suite, Apt. #, etc.: 1490 Highway A1A, Suite 301	Suite, Apt. #, etc.: 1490 Highway A1A, Suite 301
City & State: Satellite Beach, FL	City & State: Satellite Beach, FL
Zip: 32937 Country: USA	Zip: 32937 Country: USA

4. FEI Number: 26-1214896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDRICKS, LOIS A
1501 R. J. CONLAN BLVD
170
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

Name: J. Patrick Anderson
Street Address (P.O. Box Number is Not Acceptable): 930 S. Harbor City Boulevard, Suite 505
City: Melbourne FL Zip Code: 32901

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 [signature] 4/22/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

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 QUAVILLON, MARK E 140 ALBATROSS DR. SATELLITE BEACH, FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08-09	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 4/22/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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