

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000044301

FILED
Oct 21, 2009
Secretary of State

Entity Name: CORPORATE&SCHOOL APPAREL LLC

Current Principal Place of Business:

5603 N.W 159TH ST
MIAMI LAKES, FL 33014 DA

New Principal Place of Business:

5603 N.W 159TH ST
MIAMI LAKES, FL 33014 US

Current Mailing Address:

5603 N.W 159TH ST
MIAMI LAKES, FL 33014 DA

New Mailing Address:

5603 N.W 159TH ST
MIAMI LAKES, FL 33014 US

FEI Number: 26-2754613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARACLENTE, WILLIAM
5603 N.W 159TH ST
MIAMI LAKES, FL 33014 DA

Name and Address of New Registered Agent:

CHHABRA, ABHA
5603 N.W 159TH ST
MIAMI LAKES, FL 33014 US

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: ABHA CHHABRA

10/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHHABRA, AMIT
Address: 5603 N.W 159TH ST
City-St-Zip: MIAMI LAKES, FL 33014 DA

Title: MGR () Delete
Name: LARACLENTE, WILLIAM
Address: 5603 N.W 159TH ST
City-St-Zip: MIAMI LAKES, FL 33014 DA

ADDITIONS/CHANGES:

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

Title: DIR (X) Change () Addition
Name: CHHABRA, ABHA
Address: 5603 N.W 159TH ST
City-St-Zip: MIAMI LAKES, FL 33014 US

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: ABHA CHHABRA

DIR

10/21/2009

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