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APR-7-2004 (TUE) 15:00

CARLTON FIELDS

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Division of Corporations

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

BEVERLY SASSOON INTERNATIONAL, L.L.C.

Certificate of Status	1
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APR-27-2004(TUE) 16:06 CARLTON FIELDS

P.002/002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 198000001910			
1. Limited Liability Company's Name Beverly Sassoon International, L.L.C.			
REINSTATEMENT 2003-2004			
2. Principal Office Address 1498 Sandpiper Circle Suite, Apt. 8, etc.		3. Mailing Office Address Suite, Apt. 8, etc.	
City & State Weston, FL		City & State	
Zip 33327	Country USA	Zip	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 9/18/98	
6. FBI Number 65-0873785		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DERIVED ☒ (SOS Form 1000 is required for a Certificate of Status)			
8. Name and Address of Current Registered Agent			
Name CFRA, LLC			
Street Address (P.O. Box Number is Not Applicable) 777 S. Harbour Island Blvd.			
Suite, Apt. 8, etc. One Harbour Place, 5th Floor			
City Tampa		State FL	Zip Code 33601-3239
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 4/27/04 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Elan Sassoon	1498 Sandpiper Circle	Weston, FL 33327
MGRM	Beverly Sassoon	1800 The Strand	Manhattan Beach, CA 90265
2003 -			
REINSTATEMENT 2004			
11. I certify that I am managing member/manager or the member of the company empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for delinquency has been abated, the limited liability company meets the requirements of sections 608.405, 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 it would under oath.			
Signature of Managing Member/Manager <i>[Signature]</i>		Date 4/27/04	Daytime Phone # 305-200-2871
Typed or printed name of signing Managing Member/Manager Elan Sassoon, Managing Member			

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