PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 18 AM 11:06

DOCUMENT # L98000002826

1. Limited Liability Company's Name

Towels & Tees, LLC

10/14/99 ✓

2. Principal Office Address		**3.** Mailing Office Address	
16930 NW 4th Ave		16930 NW 4th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33169	Country: U.S.	Zip: 33169	Country: U.S.

4. State/Country of Formation: FL/ U.S.

5. Date Organized or Qualified To Do Business in Florida: 11/23/98

6. FEI Number: 65-0887841 — Applied For ☐ / Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Avi Jacobi

Street Address (P.O. Box Number is Not Acceptable): 16930 NW 4th Ave

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33169

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****250.00 ****250.00

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: X Avi Jacobi — Date: X 4-27-01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

S/I

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Brian Sherriton	16930 NW 4th Ave	Miami, FL 33169
MGR	Avi Jacobi	16930 NW 4th Ave	Miami, FL 33169
MGR	Philip Sherriton	16930 NW 4th Ave	Miami, FL 33169

11. I certify that I am managing member/manager of the receiver or trustee 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 dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 if made under oath.

Signature of Managing Member/Manager: X [signature] — Date: 4/27/01 — Daytime Phone # 305-652 0003

Typed or printed name of signing Managing Member/Manager