PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

L99000003133

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 17 AM 10:53

DOCUMENT # L99000003133

1. Limited Liability Company's Name

LEAther, Etc

2. Principal Office Address	**3.** Mailing Office Address
3205 S. Federal Highway	3205 S. Federal Hwy.
Suite, Apt. #, etc. 8	Suite, Apt. #, etc. 8
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483 Country Palm Beach	Zip 33483 Country Palm Beach

4. State/Country of Formation Florida, ~~Florida~~ United States

5. Date Organized or Qualified To Do Business in Florida 5/27/1999

6. FEI Number 65-0925037 ☐ 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: TODD SCHLANGER

Street Address (P.O. Box Number is Not Acceptable): 540 Jefferson Drive

400004322864--8
-05/25/01--01024--010
****200.00 ****200.00

Suite, Apt. #, Etc.: 115

City: Deerfield Beach State: FL Zip Code: 33442

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: Todd Schlanger Date: 4/23/2001

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	TODD SCHLANGER	540 Jefferson Drive Apt 115	Deerfield Beach, FL 33442

REINSTATEMENT 00-01
5/24

11. I certify that I am managing member/manager or 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: Todd Schlanger Date: 4/23/2001 Daytime Phone # 561-276-7755

Typed or printed name of signing Managing Member/Manager: TODD SCHLANGER