

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

18 AUG 16 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01000001639

1. Limited Liability Company's Name  
SOVEREIGN BRANDS, L.L.C.

600250794396

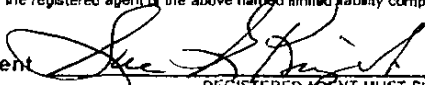
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 81 Greene Street Suite, Apt. #, etc. Suite 2 City & State New York, NY Zip 10012 Country US		3. Mailing Office Address 81 Greene Street Suite, Apt. #, etc. Suite 2 City & State New York, NY Zip 10012 Country US	
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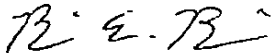
4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 07/20/2001	
6. FEI Number 364411741	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301		
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E-mail Address:  mirovelikov@sovereignbrands.com  (To be used for future annual report notices)
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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  Sue G. Knight Assistant Vice President 7/6-2013 REGISTERED AGENT MUST SIGN	
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10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Brian E. Berish	81 Greene Street, Suite 2	New York, NY 10012
MGR	Brett R Berish	81 Greene Street, Suite 2	New York, NY 10012
MGR	Barry M Berish	81 Greene Street, Suite 2	New York, NY 10012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Signature of Managing Member/Manager 	Date Aug. 15, 2013	Daytime Phone # 212-343-8366
Typed or printed name of signing Managing Member/Manager Brian E. Berish		

*Handwritten signature/initials*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 765786 7239765

AUTHORIZATION :

COST LIMIT : \$ 1626.25

ORDER DATE : August 15, 2013

ORDER TIME : 8:59 AM

ORDER NO. : 765786-005

CUSTOMER NO: 7239765

REINSTATEMENT

NAME: SOVEREIGN BRANDS, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPT. OF STATE  
13 AUG 16 AM 10:53

RE 8/16/13