FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 MAR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M03000001815

1. Limited Liability Company's Name

ST. JOHN APPAREL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17522 ARMSTRONG AVENUE	17522 ARMSTRONG AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
IRVINE, CA	IRVINE, CA
Zip: 92614 Country:	Zip: 92614 Country:

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 06/04/2003

6. FEI Number: 550824891 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: M. T. Fitzpatrick
REGISTERED AGENT MUST SIGN

M.T. FITZPATRICK
ASSISTANT SECRETARY

Date: 3/9/07

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
MGRM	ST. JOHN KNITS INTERNATIONAL, INC.	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
			500095253165 03/29/07--01057--010 **200.00
			REINSTATEMENT 04-05

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: [signature] Date: 3-17-07 Daytime Phone #: 9493998312

Typed or printed name of signing Managing Member/Manager: DANIEL J. BURKE