

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 25 AM 8:20

DOCUMENT # M04000004651

1. Limited Liability Company's Name

Wear Me Apparel LLC

2. Principal Office Address - No P.O. Box #

31 West 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

31 West 34th Street

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10001

Country

USA

City & State

New York, NY

Zip

10001

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

October 28, 2004

6. FEI Number

132708629

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

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

☐ 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

[Signature]

Troy Todd
as its agent

Date 11/25/2009

REGISTERED AGENT MUST SIGN

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
<u>CEO</u>	<u>Arthur Rabin</u>	<u>31 West 34th Street</u>	<u>New York, NY 10001</u>
<u>President</u>	<u>Jason Rabin</u>	<u>31 West 34th Street</u>	<u>New York, NY 10001</u>

REINSTATEMENT 2007-2009

11. E-mail Address: egul@khny.com

(To be used for future renewal report notifications)

12. 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 11/27/05 Daytime Phone # 212-842-6208

Typed or printed name of signing Managing Member/Manager

Jason Rabin



CORPORATION SERVICE COMPANY

M0400000 4651

ACCOUNT NO. : I20000000195

REFERENCE : 199852 4803290

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 521.25

ORDER DATE : November 25, 2009

ORDER TIME : 2:33 PM

ORDER NO. : 199852-005

CUSTOMER NO: 4803290

REINSTATEMENT

NAME: WEAR ME APPAREL LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS

[Signature]

RECEIVED
09 NOV 25 PM 4:11
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

09 NOV 25 AM 8:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS