

M04000004651

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000004651

1. Limited Liability Company's Name

Wear Me Apparel LLC

PK

600163145556

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 31 West 34th Street		3. Mailing Office Address 31 West 34th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10001	Country USA	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 <input checked="" 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	

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: 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
CEO	Arthur Rabin	31 West 34th Street	New York, NY 10001
President	Jason Rabin	31 West 34th Street	New York, NY 10001

REINSTATEMENT 2007-2009

11. E-mail Address: egul@khnj.com (To be used for future annual 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: Jason Rabin Date: 11/27/05 Daytime Phone # 212-842-6208

Typed or printed name of signing Managing Member/Manager: Jason Rabin



CORPORATION SERVICE COMPANY

M040000 4651

ACCOUNT NO. : I20000000195

REFERENCE : 199852 4803290

AUTHORIZATION : *Liquidation*

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

BT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 NOV 25 PM 4: 11

RECEIVED

09 NOV 25 AM 8: 20

SECRETARY OF STATE
DIVISION OF CORPORATIONS