


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000002587			
1. Limited Liability Company's Name Fashion USA LLC			
2. Principal Office Address - No P.O. Box # 12 Mica Lane Suite, Apt. #, etc.		3. Mailing Office Address 12 Mica Lane Suite, Apt. #, etc.	
City & State Wellesley, Ma		City & State Wellesley, Ma	
Zip 02481	Country USA	Zip 02481	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 05/16/2005	
6. FEI Number 75-3065337		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
8. Name and Address of Current Registered Agent Name Ronald Serfass Street Address (P.O. Box Number is Not Acceptable) 1368 Windsong Road Suite, Apt. #, Etc. City Orlando		State FL	
		Zip Code 32809	
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: <u>Ronald E. Serfass</u> Date: <u>6/14/07</u> REGISTERED AGENT MUST SIGN			
10. Named and Street Addresses of Managing Member/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ronald Serfass	1368 Windsong Rd	Orlando, FL 32809
MGRM	James Sardina	102 Main Street	Charlestown Ma 02129
REINSTATEMENT			
11. I certify that I am a managing member/manager or the person or persons designated to execute this application provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the required filing fee has been submitted, the limited liability company name complies with the requirements of section 608.404, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall bind the same to be filed as if made under oath.			
Signature of Managing Member/Manager: <u>[Signature]</u>		Date: <u>6/14/07</u> Daytime Phone: <u>1-617-625-4231</u>	
Typed or printed name of signing Managing Member/Manager: <u>James Sardina</u>			

FL110 - U1707 CT System Online

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Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

FASHION USA, LLC

Certificate of Status	1
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Thank You!

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June 18, 2007

FLORIDA DEPARTMENT OF STATE
Division of CorporationsFASHION USA, LLC
1208 VFW PARKWAY
BOSTON, MA 02132SUBJECT: FASHION USA, LLC
REF: M05000002587

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document SpecialistFAX Attn. #: H07000158838
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Thank You!*

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