

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M05000004369</b> 1. Entity Name <b>WESTPOINT HOME STORES, LLC</b>					
Principal Place of Business <b>28 EAST 28TH STREET LEGAL DEPARTMENT NEW YORK, NY 10016 US</b>			Mailing Address <b>28 EAST 28TH STREET LEGAL DEPARTMENT NEW YORK, NY 10016</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  11062008 REIN-LLC CR2E101 (1/07)	
City & State  Zip Country		City & State  Zip Country			
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP PENNACCHIO, JOE 28 EAST 28TH STREET NEW YORK, NY 10016</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP Piazza, John 28 East 28th Street New York, NY 10016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EDBRIL, DONNA 28 EAST 28TH STREET NEW YORK, NY 10016</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Gilman, Kimberly 28 East 28th Street New York, NY 10016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS JURELLER, JOHN 28 EAST 28TH STREET NEW YORK, NY 10016</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS Nelson, Griffith 28 East 28th Street New York, NY 10016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARKHAM, ALBERT G P.O. BOX 609 WEST POINT, GA 31833</b>	<input checked="" type="checkbox"/> Delete		200138000142 11/17/08--01050--010 **238.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>REINSTATEMENT</b> <div style="text-align: center; font-size: 2em; font-family: cursive;">2008</div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</div> <div style="text-align: center;">11/11/08</div> <div style="font-size: 0.8em;">Daytime Phone #</div> </div>					