PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 15 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000138139100
11/20/08--01045--002 **238.75

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M06000000545

1. Limited Liability Company's Name

ANF MIAMI GARDENS, LLC

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 23792 Rockfield Blvd. | | 23792 Rockfield Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 200 | | 200 | |
| City & State | | City & State | |
| Lake Forest | | Lake Forest | |
| Zip | Country | Zip | Country |
| 92630 | USA | 92630 | USA |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 01-30-2006

6. FEI Number: 20-4367584 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

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 _____ Date NOV 11 2008

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 |
|---|---|---|---|
| MGRM Sole | ANF Miami Gardens II, LLC | 23792 Rockfield Blvd. | Lake Forest, CA 92630 |
| | | | |
| | | | |
| | | | |
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REINSTATEMENT 06 AL

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 608.408, 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 _____ Date 11/11/08 Daytime Phone # 949-833-1411

Typed or printed name of signing Managing Member/Manager: Jonathan Brohard