


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


07 OCT 30 PM 2:53

<b>DOCUMENT # M98000001111</b> 1. Entity Name <b>WOLFORD BOUTIQUES, LLC</b>	
---	---

Principal Place of Business <b>9700 COLLINS AVE., STE 123 BAL HARBOUR, FL 33154</b>	Mailing Address <b>11 EAST 26TH STREET SUITE 1301 NEW YORK, NY 10010</b>
--	---

2. Principal Place of Business - No P.O. Box # <b>9700 Collins Ave</b>	3. Mailing Address <b>11 East 26<sup>th</sup> street</b>
Suite, Apt. #, etc. <b>ste 123</b>	Suite, Apt. #, etc. <b>suite 1301</b>

City & State <b>Bal Harbour, FL</b>	City & State <b>New York, N.Y</b>
Zip <b>33154</b>	Zip <b>10010</b>
Country <b>USA</b>	Country <b>USA</b>



10152007 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>13-4016035</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> 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.

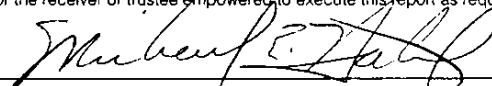
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--	--

9. MANAGING MEMBERS / MANAGERS	
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	PUCKETT, JENNIFER
STREET ADDRESS	11 EAST 26TH STREET SUITE 1301
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	President / Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Leatch
STREET ADDRESS	11 East 26th Street, Suite 1301
CITY-ST-ZIP	New York, NY 10010
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **10/24/07 (212) 453-5556**

REINSTATEMENT 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #