
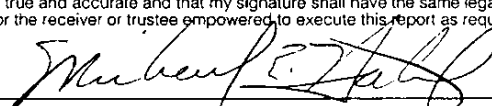


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 30 PM 2:53

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # M98000001111 1. Entity Name WOLFORD BOUTIQUES, LLC | | | |  | |
| Principal Place of Business 9700 COLLINS AVE., STE 123 BAL HARBOUR, FL 33154 | | | Mailing Address 11 EAST 26TH STREET SUITE 1301 NEW YORK, NY 10010 | | |
| 2. Principal Place of Business - No P.O. Box # 9700 Collins Ave | | 3. Mailing Address 11 East 26th street | | | |
| Suite, Apt. #, etc. ste 123 | | Suite, Apt. #, etc. suite 1301 | | | |
| City & State Bal Harbour, FL | | City & State New York, N.Y | | | |
| Zip 33154 | | Country USA | | Zip 10010 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PUCKETT, JENNIFER 11 EAST 26TH STREET SUITE 1301 NEW YORK, NY 10010 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | President / Manager Michael Katch 11 East 26th Street, Suite 1301 New York, NY 10010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 2007 </div> <div> 500111462765 10/29/07--01065--019 **55.00 </div> </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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date: 10/24/07 (212) 453-5556 <small>Daytime Phone #</small> | | |