

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 MAY -7 AM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02948

1. Corporation Name

THE TIFFANY OF BAL HARBOUR, INC.

*HR*

**REINSTATEMENT 98-03**

2. Principal Office Address

1455 W. SHERBROOKE STREET

Suite, Apt. #, etc.

SUITE 200

City & State

MONTREAL, QUEBEC

Zip

H3G 1L2

Country

CANADA

3. Mailing Office Address

1455 W. SHERBROOKE STREET

Suite, Apt. #, etc.

SUITE 200

City & State

MONTREAL, QUEBEC

Zip

H3G 1L2

Country

CANADA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1980

5. FEI Number

59-2047992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, ROSS & BERGER, P.A.

Street Address (P.O. Box Number is Not Acceptable)

100 W. CYPRESS CREEK ROAD, SUITE 700

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33309

400018317224  
05/07/03--01013--010 \*\*1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Ellen Wasserstein*

REGISTERED AGENT MUST SIGN

Date

4/24/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUGER, SOL	1455 Sherbrooke St.W. NO:2108	Montreal, Quebec H3G 1L2
VD	BRONSTEIN, MORRIE	1 WOOD AVENUE, #1405	MONTREAL, QUEBEC
VSD	GREENBERG, SAM	3577 ATWATER, #1408	MONTREAL, QUEBEC
TD	DRAZIN, LOUIS	12 Fallbrook Place	Hampstead, Quebec H3X 3W4

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*S. LUGER*

04/22/2003

Date

514-939-7200  
Daytime Phone #

CR2E081 (10/02)