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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SEC... TATE
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000006405

1. Corporation Name
Oscar de la Renta, Ltd., Inc.

REINSTATEMENT 05-06

2. Principal Office Address	3. Mailing Office Address
550 Seventh Ave	550 Seventh Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Giuseppe Celio
City & State: New York, NY	City & State: New York, NY
Zip: 10018 Country: USA	Zip: 10018 Country: USA

EP

OR2E081 (1/05)

4. Date Incorporated or Qualified To Do Business in Florida: November 10, 2004

5. FEI Number: 13-2777198 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. 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

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: Debbie Diaz Assistant Secretary (REGISTERED AGENT MUST SIGN) Date: 3/6/06

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
Chairman	Oscar de la Renta	550 Seventh Ave.	N.Y. NY 10018
Dir., CEO, Treas. Sec'y	Alexander L. Bolen	550 Seventh Ave	N.Y. N.Y. 10018
Dir., Pres.	Eliza Bolen	550 Seventh Ave	N.Y. N.Y. 10018

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 contained in Chapter 119, 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: GIUSEPPE CELIO 03/02/06 212-282-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

OSCAR DE LA RENTA, LTD., INC.

Certificate of Status	0
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