

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000001409

Entity Name: KATE SPADE LLC

FILED
Jun 30, 2008
Secretary of State

Current Principal Place of Business:

48 WEST 25TH ST
NEW YORK, NY 10010

New Principal Place of Business:

ONE CLAIBORNE AVE
TAX DEPT. 8TH FLOOR
NORTH BERGEN, NJ 07047

Current Mailing Address:

48 WEST 25TH ST
NEW YORK, NY 10010

New Mailing Address:

ONE CLAIBORNE AVE
TAX DEPT. 8TH FLOOR
NORTH BERGEN, NJ 07047

FEI Number: 13-4039945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RICARDO BEAUSOLEIL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: NEIMAN MARCUS GROUP,
Address: ONE MARCUS SQUARE - 1618 MAIN STREET
City-St-Zip: DALLAS, TX 75201

Title: MEM () Delete
Name: ALEX NOEL INC.,
Address: 48 WEST 25TH STREET
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: WEISZ, MARK D
Address: ONE CLAIBORNE AVE 8TH FLOOR
City-St-Zip: NORTH BERGEN, NJ 07047

Title: CFO (X) Change () Addition
Name: WARREN, ANDREW
Address: ONE CLAIBORNE AVE 8TH FLOOR
City-St-Zip: NORTH BERGEN, NJ 07047

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK D WEISZ

VP

06/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date