

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000001409

FILED  
Jan 09, 2012  
Secretary of State

Entity Name: KATE SPADE LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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: CRISTINA LAM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: S  
Name: RUBINO, NICHOLAS  
Address: ONE CLAIBORNE AVE  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: T  
Name: VILL, ROBERT J  
Address: ONE CLAIBORNE AVE  
City-St-Zip: NORTH BERGEN, NJ 07047

I hereby 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 WEISZ

VP

01/09/2012

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