en e	· ·				
PLEASE READ APPLICATION FOR REINSTATEMENT	FLORIDA DEPA Sandra Secret	IONS BEFORE C B. Mortham ary of State CORPORATIONS		FILED	/
DOCUMENT # \$30%	(	- corn cranicity	,	99 JAN -5 AM 8: 34	
1. Corporation Name  BULGARI CORPORATION OF AMERICA			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business  730 FLETH AUGUVE  NEW YORK: NY 10019  If above addresses are incorrect in any way, line thro	Mailing Address	and enter correction below		ENT_95	- 99 ap
New Principal Office Address, If Applicable  NA	3. New Mailing Office A		4. Date Incorporated or Qualified (6/26/86-New Work: Cap)		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Numbe		Applied For
City & State Zip Country	City & State	Country	13-335.	\$8.75 Ad	Not Applicable
7. Names and Street Addresses of Each Officer and/	<u> </u>		<u> </u>	OF STATUS DESIRED tor a C	ertificate of Status
Name of Officers Stre		Street Address of Each Officer and/or Director Do NOT Use Post Office Box N	1	City / State / Z	ip qi
P/D Francesco Trapan: 730 st Ave, N			-	New York, NY	10019
V/D NyN 310 Hauro di Roberto 730 5 th		**	Y 10019	New York, NY	10019
S/D George M-Pavia 600 M			4venue	New York, NY	10022
	-				
			50	000273039	52
8. Name and Address of Current E CORPORATION SERVICE COMI 1201 HAYS STREET TALLAHASSEE, FLORIDA 32:	Name Street Address (P Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable)			
		City	<del></del>	State Zip	Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Corporation Service Company  Date 12/30/98  REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)					
12. 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 filling 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 PRIN	TED NAME OF SIGNING OFF	ICER OR DIRECTOR		1/22/98 (212) 980 Date Davime P	)-3500
George M.	Pavia, So	cretary	<del></del>		



ACCOUNT NO. : 072100000032

REFERENCE :

84140

4301772

AUTHORIZATION

\$ 1258.TE

COST LIMIT :

ORDER DATE : December 30, 1998

ORDER TIME : 9:23 AM

ORDER NO. : 084140-005

CUSTOMER NO: 4301772

CUSTOMER: Ms. Angelika Haritos

Pavia & Harcourt 600 Madison Av.

12th Fl.

New York, NY 10022

## ANNUAL REPORT FILING

NAME:

BULGARI CORPORATION OF

AMERICA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS:

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