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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 JUN 14 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39551

1. Corporation Name

Bulgari Corporation of America

2. Principal Office Address		3. Mailing Office Address	
730 Fifth Avenue		c/o Pavia & Harcourt, 600 Madison Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12 Floor	
City & State New York		City & State New York	
Zip 10019	Country USA	Zip 10022	Country USA

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida 07/08/1992

5. FEI Number 13-335119 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Michael Condon — Date: 6-13-06
REGISTERED AGENT MUST SIGN

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
D/P	Francesco Trapani	730 Fifth Avenue	New York, NY 10019
D/S	George M. Pavia	600 Madison Avenue	New York, NY 10022

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: George M. Pavia — 6/8/2006 — 212-508-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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K. Eckel JUN 14 2006

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

BULGARI CORPORATION OF AMERICA

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75