

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005876

1. Corporation Name

PRADA USA CORP.

Principal Place of Business

50 WEST 57TH STREET
NEW YORK NY 10019

Mailing Address

50 WEST 57TH STREET
NEW YORK NY 10019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

5. FEI Number

13-3751431

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	DARROW, CONSTANCE	50 WEST 57TH STREET	NEW YORK NY 10019
V	GALASSO, RALPH J	600 MADISON AVENUE	NEW YORK NY 10022
TCFO	DEMBSKY, MAURICE	50 WEST 57TH STREET	NEW YORK NY 10019
S	GORI-MONTANELLI, RICCARDO	600 MADISON AVENUE	NEW YORK NY 10022
AS	FISCHER, CYNTHIA G	600 MADISON AVENUE	NEW YORK NY 10022 LS
D	BERTELLI, PATRIZIO	50 WEST 57TH STREET VIA FOGAZZARO, 28	NEW YORK NY 10019 MILAN ITALY 20135
D	SALOMONI, MARCO	VIA FOGAZZARO, 28	MILAN, ITALY 20135

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice Dembsky
CFO

11/21/00

Date

Daytime Phone #

FILED

00 NOV 29 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)