

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND  
FILED

01 JUN 13 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/17/01--01098--013  
\*\*\*\*908.75 \*\*\*\*908.75

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 837472

1. Corporation Name

PRATESI LINENS INC.

2. Principal Office Address

381 PARK AVENUE SOUTH

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10016

Country

3. Mailing Office Address

381 PARK AVENUE SOUTH

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10016

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1976

5. FEI Number

22-1904616

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

THE PRENTICE HALL CORP SYSTEMS INC.

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

1201 HAYS STREET

Suite, Apt. #, Etc.

SUITE 105

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

*Sonya L. Cordell*

Date

5/16/01

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
V	ANTONIO DI BARI	381 PARK AVE. SOUTH	NEW YORK, NY 10016
S	ANTONIO DI BARI	381 PARK AVE. SOUTH	NEW YORK, NY 10016
T	SYLVIA TANG	381 PARK AVE. SOUTH	NEW YORK, NY 10016

REINSTATEMENT 00-01

mw

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. 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01

Date

ANTONIO DI BARI  
(212) 689-3150

Daytime Phone #