

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F00000002745

1. Corporation Name

Puig Travel Retail North America, Inc.

2. Principal Office Address

100 Almeria Avenue

Suite, Apt. #, etc.

Suite 320

City & State

Coral Gables FL

Zip

33134

Country

USA

3. Mailing Office Address

9 Skyline Drive

Suite, Apt. #, etc.

City & State

Hawthorne, NY

Zip

10532

Country

USA

FILED
04 JUN -9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/3/04-01053 035 1050

02-04

REINSTATEMENT

14. Business Entity
To Do Business in Florida

5. FEI Number

13-4036017

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

Gilles Prod'homme

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

100 Almeria Avenue

Suite, Apt. #, Etc.

Suite 320

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 05/21/04

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
Pres	Martha Brady	70 East 55th Street	NEW York, NY 10022
COO	Thomas Jacobs	9 Skyline Drive	Hawthorne, NY 10532
Sec	Robert McCormick	501 7th Avenue	New York, NY 10010

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

5/19/04

Date

(914) 570-5264

Daytime Phone #

CR2E081 (9/01)