2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000003393

Entity Name: SAMSONITE.COM, INC.

FILED Oct 09, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	S BAY HWY VILLE, FL 322	19				
Current Mailing Address:			New Maili	New Mailing Address:		
C/O SAMSONITE CORPORATION 11200 EAST 45TH AVENUE DENVER, CO 80239			C/O SAMSONITE CORPORATION 575 WEST STREET, SUITE 110 MANSFIELD, MA 02048			
FEI Number:	84-1033646	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
TALLAHAS The above in the State	S STREET SSEE, FL 3230 named entity s	submits this statement for the pu	ırpose of changing i	ı its registered office or registered agent, or both,		
0,0,1,7,10,1		ic Signature of Registered Ager	nt	 Date		
Election Cam		3(2)(b), F.S., the corporation did not g Trust Fund Contribution(). TORS:	·	ice. NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () KORBAS, TOM 575 WEST STR MANSFIELD, M		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DST () WILEY, RICHAI 11200 EAST 45 DENVER, CO 8	TH AVENUE	Title: Name: Address: City-St-Zip:	DST (X) Change () Addition WILEY, RICHARD H 4 MONDIAL WAY HARILNGTON, HAYES,MIDDLESEX, UK UB3 5AR UK		
Title: Name: Address: City-St-Zip:	V () FARONE, ROBE 575 WEST ST., WARREN, RI 0	STE 110	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WALDEN, DONALD E 575 WEST ST., STE 110 WARREN, RI 02885		
Title: Name: Address: City-St-Zip:	AS () O'CONNOR, GR 11200 EAST 45 DENVER, CO 8	TH AVENUE	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition LIVINGSTON, JOHN B 575 WEST STREET, SUITE 110 MANSFIELD, MA 02048		
Title: Name: Address: City-St-Zip:	AT () WALDEN, DON 575 WEST ST., MANSFIELD, M	STE 110	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name: Address:

City-St-Zip:

AS

RASIN, DEBORAH

4 MONDIAL WAY

SIGNATURE: JOHN B. LIVINGSTON AS 10/09/2007

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

HARLINGTON, HAYES, MIDDLESEX, UK UB3 5AR