

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 24 PM 4:21

DOCUMENT # F00000006279

1. Corporation Name

Hugo Boss Outlet, Inc.

800069053118
03/30/06--01045--007 **308.75

REINSTATEMENT 03-06

2. Principal Office Address 8200 Vineland Ave. Suite, Apt. #, etc. Suite 1120 City & State Orlando, FL Zip 32821 Country		3. Mailing Office Address 601 W. 26th Street Suite, Apt. #, etc. 8th Floor City & State New York, NY Zip 10001 Country	
--	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida March 25, 1997	
5. FEI Number 133946614	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name CI Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.	
City Plantation	State FL Zip Code 33324

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 Debbie Diaz **Debbie Diaz** Assistant Secretary Date 3/23/06
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
CFO	Karsten Koelsch	1147 Old White Plains	Mamaroneck, NY 10543
CEO	Anthony Lucia	17 Bruns Road	W. Allenhurst, NJ 07711
COO	William Scott	304 Landings Way	N. Savannah, GA 31411

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 contained in Chapter 119, 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: Karsten Koelsch 03/17/06 212-940-0885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #