

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

HUGO BOSS RETAIL, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # F000000016279 <small>1. Corporation Name</small> HUGO BOSS RETAIL, INC																			
<small>2. Principal Office Address - No P.O. Box #</small> 4600 TIEDEMAN ROAD <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Office Address</small> 4600 TIEDEMAN ROAD <small>Suite, Apt. #, etc.</small>																	
<small>City & State</small> BROOKLYN, OH		<small>City & State</small> BROOKLYN, OH																	
<small>Zip</small> 44144	<small>Country</small> USA	<small>Zip</small> 44144	<small>Country</small> USA																
<small>4. Date incorporated or Qualified To Do Business in Florida</small> 11/08/2000		<small>5. FEI Number</small> 133946614																	
<small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/>		<small>Applied For</small> <input type="checkbox"/> Not Applicable																	
<small>7. Name and Address of Current Registered Agent</small> Name CT Corporation System <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1200 South Pine Island Road <small>Suite, Apt. #, Etc.</small> City Plantation State FL Zip Code 33324																			
<small>8. I, being appointed the registered agent of the above named corporation, on behalf of and accept the obligations of section 607.0606 or 617.0503, F.S.</small> <small>Signature of Registered Agent</small> <i>Jennifer Sodano</i> Jennifer Sodano <small>REGISTERED AGENT MUST SIGN</small> Assistant Secretary <small>Date</small> 4/30/09																			
<small>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small> <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>CEO</td> <td>MARK BRASHEAR</td> <td>601 WEST 26TH STREET</td> <td>NEW YORK, NY 10001</td> </tr> <tr> <td>CFO</td> <td>ANNETTE SCHWAER</td> <td>601 WEST 26TH STREET</td> <td>NEW YORK, NY 10001</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">RH</td> <td></td> </tr> </tbody> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	CEO	MARK BRASHEAR	601 WEST 26TH STREET	NEW YORK, NY 10001	CFO	ANNETTE SCHWAER	601 WEST 26TH STREET	NEW YORK, NY 10001			RH	
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		RH																	
REINSTATEMENT																			
<small>10. I certify that I am an officer or director or the member or trustee empowered to complete 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 records 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.</small> SIGNATURE: <i>Mark Brashear</i> Mark Brashear <small>SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR</small> <small>Date</small> 4/30/09 <small>Daytime Phone #</small>																			