

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000006794

FILED
Oct 20, 2004
Secretary of State

Entity Name: FENDI NORTH AMERICA, INC.

Current Principal Place of Business:

720 FIFTH AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

720 FIFTH AVENUE
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3485176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRESS, FRANCOIS
Address: 720 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: DVT () Delete
Name: TEVENIN, JEAN-CHRISTOPH
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: KOLANDA, KATHRYN
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: AS () Delete
Name: FIRESTONE, LOUISE
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BURKE, MICHAEL
Address: 720 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: TREA (X) Change () Addition
Name: TEVENIN, JEAN-CHRISTOPH
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: SECR (X) Change () Addition
Name: KOLANDA, KATHRYN
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: NICHOLAS ATOCHA

TAX

10/20/2004

Electronic Signature of Signing Officer or Director

Date