

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -8 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006794

1. Corporation Name

Fendi North America, Inc.

REINSTATEMENT 01-03

700021389837
07/08/03--01061--002 **1058.75

2. Principal Office Address

720 Fifth Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10019

Country

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/07/2000

5. FEI Number

13-3485176

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

Corporation Service Company

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

1201 Hay's Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Brian Courtney

Date

7/1/03

REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

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
D/P	Francois Kress	720 Fifth Avenue	New York, NY 10019
DN/T	Jean-Christophe Tevenin	19 E. 57th Street	New York, NY 10022
S	Kathryn Kolanda	19 E. 57th Street	New York, NY 10022
Asst. S	Louise Firestone	19 E. 57th Street	New York, NY 10022

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)(l), 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:

Kathryn Kolanda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Kolanda

6/30/03

Date

(212) 931-2000

Daytime Phone #

CR2E081 (10/02)

7/7/5