PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 AUG -9 PM 2:14

TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # F01000002431

1. Corporation Name
Kartell US, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
39 Greene Street	39 Greene Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10013 County: USA	Zip: 10013 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 2, 2001

5. FEI Number: 13-4134649 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Active — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

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: Joe Villeda Date: 8/9/16

REGISTERED AGENT Assistant Secretary

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	Michele Caniato	39 Greene Street	New York, NY 10013
MD	Giorgio Ricci	39 Greene Street	New York, NY 10013
	REINSTATEMENT 2012-2016		

10. E-mail Address: michelecaniato@yahoo.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: MICHELE CANIATO DIRECTOR 8/9/16 917 2733719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLHO - 05/17/2013 Wolters Kluwer Online

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Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

KARTELL US, INC.

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