

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

FILED

2006 NOV 27 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000001455

1. Corporation Name

dELIA\*s Retail Company

2. Principal Office Address

435 Hudson Street

3. Mailing Office Address

435 Hudson Street

Suite, Apt. #, etc.  
3rd Floor

Suite, Apt. #, etc.  
3rd Floor

City & State  
New York, NY

City & State  
New York, NY

Zip  
10014

Country  
USA

Zip  
10014

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
23-2920036

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 Services Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/22/06

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
CEO/DIR	Robert Bernard	435 Hudson Street	New York, NY 10014
COO/DIR	Walter Killough	435 Hudson Street	New York, NY 10014
CFO	John Holowko	435 Hudson Street	New York, NY 10014
Secretary	Edward Taffet	435 Hudson Street	New York, NY 10014

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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:

*[Signature]*  
Edward Taffet, Secretary

11/2/06

Date

212-590-6204

Daytime Phone #