

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002658

1. Corporation Name

JOSEPH (UK), INC.

Principal Place of Business

796 MADISON AVENUE
NEW YORK NY 10021

Mailing Address

106 GREENE ST
NEW YORK NY 10012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/2002

5. FEI Number

13-3865683

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	ETTEDGUI, JOSEPH	50 CARNNATH ROAD	SWG LONDON UK
CP	LETRILLIART, THIERRY JEAN	50 CARNNATH ROAD	SWG LONDON UK
DS	KHAN, MICHAEL	106 GREENE STREET	NEW YORK NY
T	GOLDBURD, JACOB	49 WEST 45TH STREET	NEW YORK NY

100023969001
10/21/03--01058--018 **150.00

8. Name and Address of Current Registered Agent

KHAN, MICHAEL
C/O JOSEPH(UK)INC
9700 COLLINS AVENUE #205
BAL HARBOUR FL 33154

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

OCT 15 2003

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., 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)(i), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 15 2003 274 9898

CR2E040 (7/03)

From: Joseph (UK) Inc
106 Greene Street
New York, NY 10012

October 15, 2003

REF: 13-3865683

To: Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee
Florida FL 32314-6327

I enclose the application for reinstatement form duly executed together with the annual registration fee of \$150.

As I did not receive the Annual Report Form I would asked that you please waive in this instance the reinstatement fee of \$600.

Thanking you in anticipation

Yours sincerely



Michael Khan
Joseph (UK) Inc