

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000006244

1. Entity Name
DOLCE & GABBANA USA INC.



Principal Place of Business
9700 COLLINS AVE
UNIT #151
MIAMI BEACH, FL 33154

Mailing Address
230 PARK AVENUE
C/O ALBERT A. BYER
NEW YORK, NY 10169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12192005

REIN-P

CR2E098 (6/04)

4. FEI Number

13-3910342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME DOLCE, ALFONSO
STREET ADDRESS 660 MADISON AVE., 10TH FLR.
CITY-ST-ZIP NEW YORK, NY 10021

TITLE DVPT ☐ Delete
NAME RUELLA, CHRISTIANA
STREET ADDRESS 660 MADISON AVENUE, 10TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10021

TITLE S ☐ Delete
NAME BYER, ALBERT A
STREET ADDRESS 660 MADISON AVENUE, 10TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10021

TITLE C ☐ Delete
NAME ZOLLO, LOU
STREET ADDRESS 660 MADISON AVE., 10TH FLR.
CITY-ST-ZIP NEW YORK, NY 10021

TITLE DVP ☐ Delete
NAME FORTE, GABRIELLA
STREET ADDRESS 660 MADISON AVENUE 10TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVPT CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME Glenn McMahon
STREET ADDRESS 660 Madison Avenue, 10th Floor
CITY-ST-ZIP New York, NY 10021

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/05

Date

212-464-8707

Daytime Phone #

FILED
06 JAN 18 PM 12:23
TALLAHASSEE, FLORIDA
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06 JAN 18 PM 12:23
TALLAHASSEE, FLORIDA

