


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC -7 PM 1:11

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # F04000002584

1. Corporation Name

CHRISTOFLE SILVER, INC.

2. Principal Office Address

11 EAST 26TH STR

3. Mailing Office Address

11E 26TH STR.

Suite, Apt. #, etc.

15 FLOOR

Suite, Apt. #, etc.

15TH FLOOR

City &amp; State

NY, NY

City &amp; State

NY, NY

Zip

10010

Country

USA

Zip

10010

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1958

5. FEI Number

13-1871909

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

NRAI SERVICES, INC

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

2731 EXECUTIVE PARK DR

Suite, Apt. #, Etc.

SUITE 4

City

WESTON

State

FL

Zip Code

33331

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 AgentPatricia Miller  
REGISTERED AGENT MUST SIGN

Date

12-6-2006

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
PR.	NICOLAS KRAFFT	11E 26TH STR	NY, NY, 10010
V.P.	PAVEL ZILBERMAN	11E 26TH STR	NY, NY, 10010
S.	RICHARD BERNSTEIN	503 MADISON AVE	NY, NY, 10022

200082465872  
12/12/06--01017--017 \*\*900.00

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:

Pavel Zilberman PAVEL ZILBERMAN 11/30/2006 212 284 5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #