Florida Department of State

Division of Corporations

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RE-SUBMIT*

Please retain original filing date of submission 11/17

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

JASMINE SOLA CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV 18 PM 12:12

KS

DOCUMENT # F06000007221

1. Corporation Name

Jasmine Company, Inc., d/b/a Jasmine Sola Co., Inc.

REINSTATEMENT 08-09

CR2E081 (10/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
450 West 33rd St.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10001 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/17/06

5. FEI Number: 04-2526617 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent: Joyce Gilbert REGISTERED AGENT MUST SIGN Joyce Gilbert, Asst. Secretary Date: 11-16-09

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	Richard Crystal, CEO and Chairman	450 West 33rd St.	New York, NY 10001
EVP	Sheamus Toal, EVP and CFO	450 West 33rd St.	New York, NY 10001
EVP	Sandra Brooslin Viviano, EVP-HR	450 West 33rd St.	New York, NY 10001
EVP	Kevin Finnegan, EVP-Nat'l Sales	450 West 33rd St.	New York, NY 10001
Dir.	John D. Howard	277 Park Ave.	New York, NY 10017
Dir.	Phil Carpenter	277 Park Ave.	New York, NY 10017

10. Email Address: jlswinford@vorys.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 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. I further certify 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: Sheamus Toal, Executive Vice President 11/11/09 212-884-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#