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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. *Type the fax audit number* (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (850)656-7953

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
ESPRIT US ONLINE SHOP LIMITED, CORP

Certificate of Status	0
Certified Copy	0 1
Page Count	01
Estimated Charge	~~$300.00~~

~~$300.00~~ 308.75

OK per Melissa May to update $. + Send CC.

Electronic Filing Menu Corporate Filing Menu Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 25 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000001662

1. Corporation Name

Esprit US Online Shop Limited

09-10

REINSTATEMENT

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1370 Broadway	1370 Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
16th Floor	16th Floor
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10018 / USA	10018 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/26/2007

5. FEI Number: 201117250 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 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 Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received 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 617.0503, F.S.

Signature of Registered Agent: Nick Geremia, Asst Secretary
REGISTERED AGENT MUST SIGN

Date: 1/15/2010

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
Treasurer	Finn Simper	1370 Broadway	New York, NY 10018

10. E-mail Address: humberto.pomales@esprit.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 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. 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: John Simper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 212-701-1123
Daytime Phone #