

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 MAY 30 PM 4:59

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000005163

1. Corporation Name

Georg Jensen, Inc.

REINSTATEMENT

CR2E061 (11/10)

2. Principal Office Address - No P.O. Box #

36 W. 44th Street

3. Mailing Office Address

36 W. 44th Street

Suite, Apt. #, etc.

Suite 1302

Suite, Apt. #, etc.

Suite 1302

City & State

New York, NY

City & State

New York, NY

Zip

10036

Country

Zip

10036

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2008

5. FEI Number

200153788

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

James Crespo

Authorized Vice President

Date 05/30/2012

REGISTERED AGENT MUST SIGN

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
P	James Crespo	369 Lexington Avenue, 9th Floor	New York, NY 10017
C	Ulrik G. Due	45 Smallegade, DK-2000	Frederiksberg, Denmark
VC	Rolf Berntscon	45 Smallegade, DK-2000	Frederiksberg, Denmark
D	Michael Sejersen	45 Smallegade, DK-2000	Frederiksberg, Denmark

MAY 30 2012

S. PRATHER

10. E-mail Address: *jcrespo@georgjensenusa.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., and 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. I declare that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

James Crespo

5/31/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****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
GEORG JENSEN, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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Corporate Filing Menu

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