PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 OCT 19 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # F10000003535

1. Corporation Name
Tarte, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
53 W. 36th St.	same
Suite, Apt #, etc.: 902	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10018 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/10

5. FEI Number: 13-4085665 ☐ 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: C T 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

200213464632
10/19/11--01028--004 **750.00

YLR 10/20

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: [signature] Robert O'Byrne Vice President REGISTERED AGENT MUST SIGN Date: 10/13/2011

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
C	Robert Brown	100 California St. Ste 670	San Francisco CA 94111
DS	Kevin Murphy	"	"
DT	Scott McDonough	53 W 36th St. 902	New York NY 10018
VCP	Maureen Kelly	"	"
O	Heather Hemsley	"	"

10. E-mail Address: heather h@tarte.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 am aware 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: [signature] Heather Hemsley 10/19/11 212-627-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #