FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 12 PM 3:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F10000003790

1. Corporation Name

BASLER AMERICA INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
499 Seventh Avenue		499 Seventh Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
15th Floor S		15th Floor S	
City & State		City & State	
New York,NY		New York,NY	
Zip	Country	Zip	Country
10018	US	10018	US

4. Date Incorporated or Qualified To Do Business in Florida
06/30/2008

5. FEI Number
421766849
☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

100257756761

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: Sue G. Knight Assistant Vice President — Date: 2-25-14

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	REINER UNKEL	499 Seventh Avenue, 15th Floor S	New York, NY, 10018
VP	MICHAEL WALKER	499 Seventh Avenue, 15th Floor S	New York, NY, 10018
SEC	DEBORAH NILSON	10 EAST 40 STREET, SUITE 3310	New York, NY, 10016

10. E-mail Address: STACY.SPATT@BASLER-FASHION.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: _____ 2/24/14 212 687 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE 3/13/14