

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 JAN -6 PM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F13000005144

1. Corporation Name

ZV NY, INC.

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

3. Mailing Office Address

153 Mercer Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10012

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2013

5. FEI Number

26-3843528

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

Tallahassee

State

FL

Zip Code

32301

600294013816

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

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date 1/6/17

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
Presid	Thierry Gillier	153 Mercer Street	New York, NY 10012
Secret	Philippe C.M. Manteau	Loeb & Loeb LLP, 345 Park Ave	New York, NY 10154
AssSe	Marie Landel	153 Mercer Street	New York, NY 10012

10. E-mail Address: pmanteau@loeb.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:

Philippe C.M. Manteau, Secretary

1/5/2017

212-407-4028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

K. ASHTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 449050 4802976

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE : January 5, 2017

ORDER TIME : 9:41 AM

ORDER NO. : 449050-025

CUSTOMER NO: 4802976

REINSTATEMENT

NAME: ZV NY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF REVENUE  
17 JAN -6 AM 10:49

2032