

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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
DEPECHE MODE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,250.00

Electronic Filing Menu

Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 JUN -2 P 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F29719

1. Corporation Name

DEPECHE MODE, INC.

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

520 8TH AVE

Suite, Apt. #, etc.

25 FLOOR

City & State

NEW YORK NY

Zip

10018

Country

US

3. Mailing Office Address

520 8TH AVE

Suite, Apt. #, etc.

25 FLOOR

City & State

NEW YORK NY

Zip

10018

Country

US

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 04/28/19815. FEI Number
592091314Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 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
FLZip Code
32301☐ 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 provisions of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentLamont W Jones, Assistant VP
REGISTERED AGENT MUST SIGN

Date

6/2/10

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
PRES	MARVIN SINGER	520 8TH AVE, 25 FLOOR	NEW YORK NY 10018

REINSTATEMENT
2000-10
JBS

10. E-mail Address:

(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 that information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MARVIN SINGER

05/25/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #