

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 |

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 #<br>520 8TH AVE |               | 3. Mailing Office Address<br>520 8TH AVE |               |
| Suite, Apt. #, etc.<br>25 FLOOR                            |               | Suite, Apt. #, etc.<br>25 FLOOR          |               |
| City & State<br>NEW YORK NY                                |               | City & State<br>NEW YORK NY              |               |
| Zip<br>10018   | Country<br>US | Zip<br>10018                             | Country<br>US |

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 04/28/1981

|                            |                               |
|----------------------------|-------------------------------|
| 5. FEI Number<br>592091314 | Applied For<br>Not Applicable |
|----------------------------|-------------------------------|

6. 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  
FL

Zip 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 Agent Samuel W Jones 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)

| Title | 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 the 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 Date 05/25/2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DayTime Phone #