

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 27 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003679**

1. Corporation Name

THE DONNA KARAN STORE CORPORATION

2. Principal Office Address

550 SEVENTH AVE.

Suite, Apt. #, etc.

FLOOR 11

City & State

NEW YORK, NY

Zip

10018

Country

USA

3. Mailing Office Address

550 SEVENTH AVE.

Suite, Apt. #, etc.

11th FLOOR

City & State

NEW YORK, NY

Zip

10018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-3609043

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

97-01

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYES STREET

Suite, Apt. #, Etc.

200004194622-7

-05/10/01--01134-010

*****1350.00 ***1350.00**

City

TALLAHASSEE

State

FL

Zip Code

32301

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

John H. Pelletier

REGISTERED AGENT MUST SIGN

JOHN H. PELLETIER
ASST. VICE PRESIDENT

Date

4/17/01

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
COO	DONNA KARAN (D)	550 SEVENTH AVE.	NEW YORK, NY 10018
T	JOSEPH PARSONS (D)	550 SEVENTH AVE.	NEW YORK, NY 10018
S	LYNN USDAN (D)	550 SEVENTH AVE.	NEW YORK, NY 10018
CEO	John DUL (D)	550 SEVENTH AVE.	NEW YORK, NY 10018

REINSTATEMENT

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Joseph B. Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH B. PARSONS

Date

9 MAR 01

Daytime Phone #

212.789.1500