
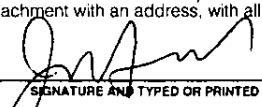


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000001345 1. Entity Name ERMENEGILDO ZEGNA CORPORATION						FILED 06 OCT 20 PM 2:57 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 100 W FOREST AVE #A ENGLEWOOD, NJ 07631				Mailing Address 100 W FOREST AVE #A ENGLEWOOD, NJ 07631			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 13-2814304				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	ACKERMAN, ROBERT	<input type="checkbox"/> Delete	TITLE		900080149219 09/25/06--01053--025 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		100 W FOREST AVE #A		STREET ADDRESS			
CITY-ST-ZIP		ENGLEWOOD, NJ 07631		CITY-ST-ZIP			
TITLE	VS	WOLF, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE	VS	MAYARO, LUCA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		100 W FOREST AVE #A		STREET ADDRESS		100 West Forest Ave #A	
CITY-ST-ZIP		ENGLEWOOD, NJ 07631		CITY-ST-ZIP		Englewood, NJ 07631	
TITLE	T	HADDAD, JOHN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		100 W FOREST AVE #A		STREET ADDRESS			
CITY-ST-ZIP		ENGLEWOOD, NJ 07631		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  John Haddad <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/22/06 201.616.0921 <small>Date Daytime Phone #</small>			