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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 SEP 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005924

1. Corporation Name

Manifatture Associate Cashmere U.S.A., Inc.

2. Principal Office Address	3. Mailing Office Address
85 Fifth Avenue	c/o Pavia & Harcourt LLP
Suite, Apt. #, etc.: Sixth Floor	Suite, Apt. #, etc.: 600 Madison Avenue
City & State: New York, NY	City & State: New York, NY
Zip: 10003 Country: USA	Zip: 10022 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/13/96

5. FEI Number: 13-3229105 ☐ 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

REINSTATEMENT 03-04

Suite, Apt. #, Etc.:

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: Cynthia A. Harris Cynthia L. Harris as its agent Date: 9/23/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/C/D	Enrico Di Muccio	85 Fifth Avenue, 6th Fl.	New York, NY 10003
V	Lisa Dano	85 Fifth Avenue, 6th Fl.	New York, NY 10003
S	Cynthia Fischer	600 Madison Avenue	New York, NY 10022
D	Alessandro Finizio	85 Fifth Avenue, 6th Fl.	New York, NY 10003
D	Franco Orlandi	85 Fifth Avenue, 6th Fl.	New York, NY 10003

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: Cynthia G. Fischer Cynthia G. Fischer 9/23/04 212-980-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

FIRST P.B. BOUTIQUE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75