

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 19 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000002789**

1. Corporation Name

Leslie Fay Marketing, Inc.

Principal Place of Business

Mailing Address

1 Passan Drive
Laflin, PA 18702

REINSTATEMENT

98-99
10

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 5/28/97

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

Applied For

City & State

City & State

13-3941002

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

SR 75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

SEE ATTACHED

1. Title(s)	2. Name of Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip

1000002774191-6

8. Name and Address of Current Registered Agent

9. Name and Address of New 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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: Victoria Schriener
REGISTERED AGENT MUST SIGN

Date 2/14/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 taxes 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:

Warren Wishart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Warren Wishart, Senior Vice President

Date

212-221-4076
Business Phone #

DIRECTORS

John J. Pomerantz
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Clifford B. Cohn
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

John A. Ward
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Mark Dickstein
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Chaim Y. Edelstein
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Mark Kaufman
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Bernard Olsoff
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Robert L. Sind
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

OFFICERS

Chairman of the Board

President

Warren Wishart, Senior Vice
President Administration & Finance
and Treasurer
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281

Dominick Felicetti, Senior Vice
President Manufacturing & Sourcing
c/o The Leslie Fay Company, Inc.
1412 Broadway
New York, NY 10018-5281



ACCOUNT NO. : 072100000032

REFERENCE : 088587 4301763

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE : January 5, 1999

ORDER TIME : 3:20 PM

ORDER NO. : 088587-010

CUSTOMER NO: 4301763

CUSTOMER: Barbara Toffler, Legal Asst
Parker Chapin Flattau & Klimpl
1211 Avenue Of The Americas
17th Floor
New York, NY 10036

FOREIGN FILINGS

NAME: LESLIE FAY MARKETING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

RECEIVED
59 FEB 13 PM 3:55



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

RECEIVED 12-21-99
CORPORATION

January 19, 1999

CSC

SUBJECT: LESLIE FAY MARKETING, INC.
Ref. Number: W99000001270

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The records of this office reflect that LESLIE FAY MARKETING, INC., a corporation organized under the laws of , previously qualified to transact business in Florida on . Its certificate of authority was revoked on , for failure to file its annual report as required by law. Therefore, pursuant to s. 607.15315, F.S., the corporation must reinstate its certificate of authority by submitting the enclosed reinstatement application and a check made payable to Secretary of State totaling \$750.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 499-0002351

RESUBMIT

Please give original
submission date as file date

*please advance the additional \$450.00 from
our account to cover the additional
fees*

Patricia Pyjunt

*088587-010
Angie*