

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
07 OCT 23 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F97000002865</b> 1. Entity Name CHARLOTTE RUSSE, INC.	
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Principal Place of Business 4645 MORENA BLVD SAN DIEGO, CA 92117	Mailing Address 4645 MORENA BLVD SAN DIEGO, CA 92117
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**REINSTATEMENT** (1/07) *07*

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

4. FEI Number  
**95-2960505**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, 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	
TITLE	D <input type="checkbox"/> Delete
NAME	ZEICHNER, BERNARD
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	DC <input checked="" type="checkbox"/> Delete
NAME	KARP, ALAN
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	TCFO <input checked="" type="checkbox"/> Delete
NAME	CARTER, DANIEL T
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	P <input type="checkbox"/> Delete
NAME	HOFFMAN, MARK A
STREET ADDRESS	4645 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	<input type="checkbox"/> Delete
NAME	<i>Am 10/25</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100111209111</b>
STREET ADDRESS	<b>10/23/07--01035--019 **150.00</b>
CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOLINGER, JENNIFER</b>
STREET ADDRESS	<b>4645 MORENA BLVD.</b>
CITY-ST-ZIP	<b>SAN DIEGO, CA 92117</b>
TITLE	TCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, PATTI</b>
STREET ADDRESS	<b>4645 MORENA BLVD.</b>
CITY-ST-ZIP	<b>SAN DIEGO, CA 92117</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Patti Johnson* **PATTI JOHNSON-TREASURER & CFO**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

# Charlotte Russe.

## LIST OF CORPORATE OFFICERS AND DIRECTORS

**Name of Corporation:** CHARLOTTE RUSSE, INC.

**DBA:** Charlotte Russe

**President & CEO** Mark A. Hoffman – 17716Calle Mayor  
Rancho Santa Fe, CA 92067  
Social Security# - 203-38-9128

**Treasurer & CFO** Patti Johnson – 5340 Toscana WayF214  
San Diego, CA 92122  
Social Security# - 570-25-4650

**Secretary** Jennifer Bolinger – 1202 Cerca  
San Clemente, CA 92673  
Social Security# - 570-15-8245

**Directors:** Mark A. Hoffman – 17716Calle Mayor  
Rancho Santa Fe, CA 92067

Bernard Zeichner – 7612 Via Capri  
La Jolla, CA 92037

**Federal ID#:** 95-2960505

**State of Corporation:** California

**Date of Incorporation:** August 15, 1975

**Mailing Address:** 4645 Morena Blvd.  
San Diego, California 92117

**Telephone#** (858) 587-9900

**Fax#** (858) 875-0330