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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 19 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000015

1. Corporation Name

DEVANLAY RETAIL GROUP, INC.

Principal Place of Business	Mailing Address
551 MADISON AVE #1300 NEW YORK NY 10022	551 MADISON AVE #1300 NEW YORK NY 10022

REINSTATEMENT 03

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/02/1998

5. FEI Number: 13-3967572 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P~~	~~BARTH, DANIEL~~	~~551 MADISION AVE~~	~~NEW YORK NY 10022~~
VPF	GERARD, ~~DENA~~ PENA	551 MADISON AVE	NEW YORK NY 10022
~~CCEO~~	~~SPRIET, ALAIN~~	~~551 MADICON AVE~~	~~NEW YORK NY 10022~~
CHMN	ROBERT SIEGEL	551 MADISON AVENUE	NEW YORK NY 10022

8. Name and Address of Current Registered Agent

~~UNITED CORPORATE SERVICES, INC.~~
~~9200 SOUTH DADELAND BLVD.~~
~~SUITE 500~~
~~MIAMI FL 33156~~

9. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
Suite, Apt. #, Etc.:
City: Plantation | State: FL | Zip Code: 33324

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Jonathan R. Giddings, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 12/15/03

11. 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: X GERARD PENA 12/15/03 212-822-6947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

DEVANLAY RETAIL GROUP, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$750.00

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