FILED
08 JUN 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000015

REINSTATEMENT 06-08

CR2E081 (12/07)

1. Corporation Name

Devanlay Retail Group, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
551 Madison Ave.	551 madison Ave.
Suite, Apt. #, etc. 13th Floor	Suite, Apt. #, etc. 13th Floor
City & State New York, NY	City & State New York, NY
Zip 10022 Country U.S.A.	Zip 10022 Country U.S.A

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

5. FEI Number 133967572 ☐ 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

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Troy Todd as its agent (REGISTERED AGENT MUST SIGN) Date: 6/12/08

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	Alain Spriet	551 madison Ave	New York, NY 10022
T	Gerard Pena	551 madison Ave.	New York, NY 10022
C	Robert Siegel	551 madison Ave.	New York, NY 10022

6/12

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 contained in Chapter 119, 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: Gerard Pena 6/4/08 (212)822-6947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000150239 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

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

CORPORATION REINSTATEMENT

DEVANLAY RETAIL GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

Electronic Filing Menu Corporate Filing Menu Help