

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 99000003832

1. Corporation Name

Intershoe Retail Inc.

2. Principal Office Address

57 Seaview Blvd.

Suite, Apt. #, etc.

City & State

Port Washington, NY

Zip

11050

Country

US

3. Mailing Office Address

57 Seaview Blvd.

Suite, Apt. #, etc.

City & State

Port Washington, NY

Zip

11050

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/27/99

5. FEI Number

13-3882603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

83-04

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

REINSTATEMENT

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03/15/04--01048--007 **90.00

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.

NRAI Services, Inc.

Signature of

Registered Agent

by: Orlita Taliento, ASST. SECTY

REGISTERED AGENT MUST SIGN

Date

2/25/04

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
Chair	Alberto Guarino (Director/Chairman)	57 Seaview Blvd.,	Port Washington, NY 11050
EVP	Sauro Gabbrielli (Director/Ex. VP)	57 Seaview Blvd.	Port Washington, NY 11050
CFO	Michael Hoke (Chief Fin. Officer)	57 Seaview Blvd,	Port Washington, NY 11050
Sec	Paul D. Downs (Director/Secretary)	120 W 45th St	NY, NY 10036

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MMHL CFO/VP

2-24-04

CR2081 (10/02)

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