

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 30 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006758**

1. Corporation Name

VAN CLEEF & ARPELS, INC.

Principal Place of Business

Mailing Address

744 5TH AVENUE
NEW YORK NY 10019

744 5TH AVENUE
NEW YORK NY 10019

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

12/29/1999

5. FEI Number

13-1432455

Applied For.

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	BAROUDIAN, HENRI GUEST, NATHALIE	744 5TH AVENUE	NEW YORK NY
C	SULLIVAN, SHAWN	744 5TH AVENUE	NEW YORK NY
T	MADISON, LISA TE LINTELLO, JAN	744 5TH AVENUE	NEW YORK NY
S	PERRIN, AD BERG, ILLENE	744 5TH AVENUE	NEW YORK NY
D	ARPELS, CLAUDE J	744 5TH AVENUE	NEW YORK NY
D	GUICHOT, ISABELLE	744 5TH AVENUE	NEW YORK NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

800004696388--2

Suite, Apt. #, Etc.

-11/28/01--01016--013

City

****750.00

****750.00

State

Zip Code

FL

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

Lynette Coleman
as its agent

Date

10/29/2001

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

212-6449500

Daytime Phone #

CR2E040 (8/01)