FILED

09 FEB -3 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000000715

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02/03/09--01021--003 **272.50

CR2E041 (10/08)

1. Limited Liability Company's Name
DVF Retail, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
320 San Lorenzo Ave.	440 West 14th Street
Suite, Apt. #, etc.: #1235	Suite, Apt. #, etc.:
City & State: Coral Gables, FL	City & State: New York, NY
Zip: 33146 Country: USA	Zip: 10014 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 3/3/03

6. FEI Number: 13-4164737 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Registered Agents Legal Services, LLC
Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive
Suite, Apt. #, Etc.: Suite A
City: Tallahassee State: FL Zip Code: 32301

☐ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Donnee Fowell Date: 11-24-08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Diane Von Furstenberg	c/o GRF, 440 Hamilton Ave., #100	White Plains, NY 10601

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Diane Von Furstenberg Date: 11/25/08 Daytime Phone #: (212) 307-8000

Typed or printed name of signing Managing Member/Manager: Diane Von Furstenberg