

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**M03000003685**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JUN 25 AM 10:05  
TALLAHASSEE, FLORIDA

DOCUMENT # **M03000003685**

1. Limited Liability Company's Name

The Donna Karan Company Store LLC

06

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

550 Seventh Avenue, 17th Floor

Suite, Apt. #, etc.

Attn: Lynn Usdan

City & State

New York, NY

Zip

10018

Country

USA

3. Mailing Office Address

240 W. 40th Street

Suite, Apt. #, etc.

Attn: Lynn Usdan

City & State

New York, NY

Zip

10018

Country

USA

4. State/Country of Formation

New York / USA

5. Date Organized or Qualified  
To Do Business in Florida

11/03/03

6. FEI Number

13-3608808

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

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

☒ 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

*Jane S. Krager*  
REGISTERED AGENT MUST SIGN

Date 6/23/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Donna Karan International Inc.	550 Seventh Avenue, 17th Floor	New York, NY 10018
			100131673241

**REINSTATEMENT 2006-2008**

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 608.406, 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

*Lynn E. Usdan*

Date

6/24/08

Daytime Phone # 212-768-5950

Typed or printed name of signing Managing Member/Manager

Lynn E. Usdan, Secretary



103000003685

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 624083 4353832

AUTHORIZATION :

COST LIMIT

*[Handwritten signature]*

FILED  
08 JUN 25 AM 10:05  
TALLAHASSEE, FLORIDA

ORDER DATE : June 24, 2008

ORDER TIME : 4:08 PM

ORDER NO. : 624083-005

CUSTOMER NO: 4353832

REINSTATEMENT

*BK*

NAME: THE DONNA KARAN COMPANY STORE  
LLC

RECEIVED  
08 JUN 25 AM 8:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_