

OCT. 25. 2004 5:28PM

CORPORATION SVC CO

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2004 8:00 A.M
Secretary of State

DOCUMENT # P00000042649					
1. Entity Name L.P. ORLANDO INC.					
Principal Place of Business C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022			Mailing Address C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FSI Number 52-2240399				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Cynthia L. Harris</u>			DATE <u>10/25/04</u>		
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			REINSTATEMENT		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	Vice President	☒ Change ☐ Addition
NAME	RAMENGLI, VANNI		NAME	Claudia Consiglio	
STREET ADDRESS	745 FIFTH AVENUE		STREET ADDRESS	803 Madison Avenue	
CITY-ST-ZIP	NEW YORK, NY 10151		CITY-ST-ZIP	New York, NY 10021	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PAVIA, GEORGE M		NAME		
STREET ADDRESS	600 MADISON AVENUE 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	Director	☒ Change ☐ Addition
NAME	LAUDANNO, EMANUELA		NAME	Emanuela Laudanno	
STREET ADDRESS	745 FIFTH AVENUE		STREET ADDRESS	803 Madison Avenue	
CITY-ST-ZIP	NEW YORK, NY 10151		CITY-ST-ZIP	New York, NY 10021	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MURATORE, DELIA		NAME		
STREET ADDRESS	745 FIFTH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10151		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	Director	☒ Change ☐ Addition
NAME	PASI, STEFANO		NAME	Stefano Pasi	
STREET ADDRESS	745 5TH AVE		STREET ADDRESS	803 Madison Avenue	
CITY-ST-ZIP	NEW YORK, NY 10151		CITY-ST-ZIP	New York, NY 10021	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11; if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone					

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Florida Department of State
Division of Corporations
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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

L.P. ORLANDO INC.

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