


1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 01 JAN -8 PM 3:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **PO81057**
 1. Corporation Name
Leather Loft Stores, Inc.

2. Principal Office Address Watson Brook Rd.		3. Mailing Office Address P.O. Box 1070	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Exeter, NH		City & State Exeter, NH	
Zip 03833	Country	Zip 03833	Country

REINSTATEMENT **2001**

4. Date Incorporated or Qualified To Do Business in Florida **1/23/85**

5. FEI Number **02-0384408** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT Corporation System** **300003556103--1**

Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Rd.** **-01/13/01--01092--011**

Suite, Apt. #, Etc. **Plantation** *******8.75 *****8.75**

City **Plantation** **300003556103--1**

State **FL** **-01/19/01--01092--013**

Zip **33324** *****830.00 ***830.00**

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.

Signature of Registered Agent **Connie Bryan** **CONNIE BRYAN** **SPECIAL ASSISTANT SECRETARY** Date **1/10/01**

REGISTERED AGENT MUST SIGN

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
	See attached		300003556103--1
Dir.	Jonathan S. Shafmaster	1 Watson Brook Rd.	Exeter, NH 03833
			-01/13/01--01092--012
			*****70.00 *****70.00

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: **Laurie A. Dumond** **Laurie A. Dumond** Date **1/4/01** (603) 778-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

List of Officers

President	Jonathan S. Shafmaster Watson Brook Road Exeter, NH 03833
Treasurer/Secretary	Daniel E. Wilson Watson Brook Road Exeter, NH 03833
Assistant Secretary	Jeffrey S. Towers Watson Brook Road Exeter, NH 03833
Executive Vice President	Kevin S. Moore Watson Brook Road Exeter, NH 03833
Senior Vice President- Finance	William H. Blackett Watson Brook Road Exeter, NH 03833
Assistant Vice President	Laurie A. Dumond Watson Brook Road Exeter, NH 03833