

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -1 PM 2:26

RECEIVED
TALLAHASSEE, FLORIDA

200111583652
11/01/07--01036--009 **1358.75

DOCUMENT # P34903

1. Corporation Name

ST. JOHN KNITS, INC.

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

2722 MICHELSON DR.

3. Mailing Office Address

2722 MICHELSON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

IRVINE, CA

City & State

IRVINE, CA

Zip

92612

Country

USA

Zip

92612

Country

USA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/91

5. FEI Number

952245070

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

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ The 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 reinstatement fee be waived.

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.

See attached

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
CEO/D	GLENN MCMAHON	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
P/D	BRUCE FETTER	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
S	DANIEL J. BURKE	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
T	MICHAEL DIGREGORIO	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
C	JAMES KELLEY	17th Street Plaza 1225 17TH STREET, SUITE 1660	DENVER, CO 80202

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 contained in Chapter 119, 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

10/24/07



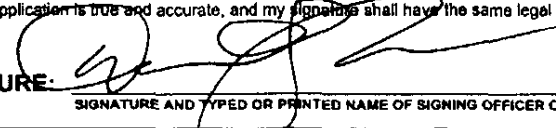
Date

949-399-8212

Daytime Phone #

20F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P34903			
1. Corporation Name ST. JOHN KNITS, INC.			
2. Principal Office Address - No P.O. Box # 2722 MICHELSON DR.		3. Mailing Office Address 2722 MICHELSON DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State IRVINE, CA		City & State IRVINE, CA	
Zip 92612	Country USA	Zip 92612	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 7/30/91		5. FEI Number 952245070	
		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CT CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD			
Suite, Apt. #, Etc.			
City PLANTATION		State FL	Zip Code 33324
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 		M.T. FITZPATRICK ASSISTANT SECRETARY Date 10/24/07	
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
CEO/D	GLENN MCMAHON	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
P/D	BRUCE FETTER	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
S	DANIEL J. BURKE	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
T	MICHAEL DIGREGORIO	17522 ARMSTRONG AVENUE	IRVINE, CA 92614
C	JAMES KELLEY	17th Street Plaza 1225 17TH STREET, SUITE 1660	DENVER, CO 80202
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 contained in Chapter 119, 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 		Date 10/24/07	Daytime Phone # 949-399-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #