

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAR 28 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37374

1. Entity Name
TOURNEAU JEWELERS, INC.



Principal Place of Business
175 WORTH AVENUE
PALM BEACH, FL 33840 US

Mailing Address
3 EAST 54TH ST
3RD FLOOR
NEW YORK, NY 10022 US

REINSTATEMENT 05-06 *PSC*



03062006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-3634786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

Name *Corporation Service Company*
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City *Tallahassee* FL Zip Code *32301*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia L. Harris
Signature, typed or printed name of registered agent and title if applicable.

Cynthia L. Harris
as its agent

3/28/06
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WEXLER, ROBERT J
STREET ADDRESS 131 LEXINGTON AVENUE
CITY-ST-ZIP NEW YORK, NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600069643696
CITY-ST-ZIP 04/06/06--01049--026 ***900.00

TITLE STD ☐ Delete
NAME WEXLER, DAVID
STREET ADDRESS 3 EAST 54TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FLISHWASSER, DANIEL M
STREET ADDRESS 3 EAST 54TH STREET
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☒ Change ☐ Addition
NAME Frishwasser, Daniel
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Wexler

Date

3/6/06 2127586104
Daytime Phone #