


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 NOV -6 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P930000051539</b>					
1. Corporation Name FIRST P.B. BOUTIQUE, INC.					
2. Principal Office Address 1 Penn Plaza Suite, Apt. #, etc. City & State New York, NY Zip 10119			3. Mailing Office Address 1 Penn Plaza Suite, Apt. #, etc. City & State New York, NY Zip 10119		
Country USA			Country USA		

**REINSTATEMENT**

**2001**

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 13-3724703	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name The Prentice Hall Corporation System, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc. Suite 105	
City Tallahassee	State FL
Zip Code 32301	

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 **BRIAN COURTNEY, ASST. V.P.** Date **11-6-01**  
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
D/P	Enricco Di Muccio	730 5th Avenue, Suite 1004	New York, NY 10019
Sec.	George M. Pavia	600 Madison Ave., 12th Fl.	New York, NY 10022
A/Sec.	Cynthia G. Fischer	600 Madison Ave., 12th Fl.	New York, NY 10022

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/02

Date

(212) 980-3500

Daytime Phone #



ACCOUNT NO. : 072100000032  
REFERENCE : 317813 4301772  
AUTHORIZATION : *Patricia Figueira*  
COST LIMIT : \$ 750.00

ORDER DATE : November 5, 2001

ORDER TIME : 1:44 PM

ORDER NO. : 317813-005

CUSTOMER NO: 4301772

CUSTOMER: Ms. Natalie Koury  
Pavia & Harcourt LLP  
600 Madison Avenue  
12th Floor  
New York, NY 10022

DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

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DOMESTIC FILINGS

NAME: FIRST P.B. BOUTIQUE, INC.

\*\*\*FILE FIRST\*\*\*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

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