

SEP. 27. 2004 9:17AM

CORPORATION SVC CO

HO NO. 33619 P. 297 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 SEP 27 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000051539 1. Corporation Name First P.B. Boutique, Inc.			
2. Principal Office Address One Penn Plaza Suite, Apt. #, etc.		3. Mailing Office Address c/o Pavia & Harcourt LLP Suite, Apt. #, etc. 600 Madison Avenue	
City & State New York		City & State New York	
Zip 10119	Country USA	Zip 10022	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 7/12/1993		5. FBI Number 13-3724703	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For ☐ Not Applicable	
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			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent <u>Cynthia L. Harris</u> as its agent REGISTERED AGENT MUST SIGN		Date 9/22/04	
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
P	Enrico Di Muccio	85 Fifth Avenue	New York, NY 10003
S	Cynthia G. Fischer	600 Madison Avenue	New York, NY 10022
AS	George M. Pavia	600 Madison Avenue	New York, NY 10022
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)(f), 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: <u>Cynthia G. Fischer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		212-980-3500 Date Daytime Phone	

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