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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 14 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 0000 16153

1. Corporation Name

Sunglass Hut Holdings of France, Inc.

2. Principal Office Address

4000 Luxottica Place

Suite, Apt. #, etc.

Attn: Tax Department

City & State

Mason, Ohio

Zip

45040

Country

USA

3. Mailing Office Address

P.O. Box 8509

Suite, Apt. #, etc.

Attn: Tax Department

City & State

Mason, Ohio

Zip

45040-7114

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1994

5. FEI Number

65 0482292

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 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200039649292

07/28/04--01053--003 **1051.00

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

Carol Record

Carol Record

Assistant Secretary

Date

7-13-04

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	Enrico Mistrion	44 Harbor Park Drive	Port Washington, NY 11050
D/ceo	Claudio Del Vecchio	44 Harbor Park Drive	Port Washington, NY 11050
D/ceo	Roberto Chemello	44 Harbor Park Drive	Port Washington, NY 11050
V/S	Michael A. Boxer	44 Harbor Park Drive	Port Washington, NY 11050
V/T	Vito Giannola	44 Harbor Park Drive	Port Washington, NY 11050
V	Valerio Giacobbi	4000 Luxottica Place	Mason, Ohio 45040

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:

Valerio Giacobbi

Valerio Giacobbi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

513 765-6971

Daytime Phone #

CR2E081 (01/04)

