PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 98 FEB 27 PM 3: 53 **DOCUMENT # P95000092345** SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name CONCEPT N.Y., INC. Principal Place of Business Malling Address 753 WASHINGTON AVENUE SAME MIAMI BEACH, FL 33139 REINSTATEMENT 🔏 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, if Applicable SAME AS ABOVE 3. New Mailing Office Address, If Applicable SAME AS ABOVE 4. Date Incorporated or Qualified To Do Business in Florida 12/4/95 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0621652 Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip P,D 4646 MERIDIAN AVENUE FABIENNE DEBAIX MIAMI BEACH, FL 33140 S,D ALAIN BENSOUSSAN 4646 MERIDIAN AVENUE MIAMI BEACH, FL 33140 ****785.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent JÖRGE GURIAN, ESQ. NONE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. MIAMI 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Date _ 2/27/98 Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on Intangible tax.) Yes X No 12. 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 807.0401 or 817.0401, 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. MASIEMNE DEBAIX 2/27/98 305-532-2111 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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