## 2005-FOR PROFIT CORPORATION REINSTATEMENT

EMANUEL UNGARO BOUTIQUES FLORIDA INC.    Principus Prises of Business   Mailing Accress			# P9500009	4222										
Metring Address   Metring Ad	1. Entity Name     EMANUEL UNGARO BOUTIQUES FLORIDA INC.										FIL	<u>En</u>		
Metring Address   Metring Ad						160				05	nrt i	יים ו	0.40	
Suife, Apr. 4, etc.   Suife, Apr. 6, etc.   A FEI Number of Stock (etc. 4) File Number of Stock (etc	Principal Plac	e of Business		Mailing Addre										
Suife, Apr. 4, etc.   Suife, Apr. 6, etc.   A FEI Number of Stock (etc. 4) File Number of Stock (etc			<b>A</b>							Ded. Tali			ATE,	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   10062005   REIN-P   CR2608 (6/04)	DAL HARDOL	UK, FE 3313	-			J		. 4 PREHINDI 110			61618			
Coy & State  City & State  Country  S. Certificate of Status Deared  The Address of New Registered Agent  The Addres	2. Principal P	Place of Busin	ess	3. Mailing Add	3. Mailing Address									
Coy & State  Coy & State  Coy & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature of Status Desired  \$8.75 Associated by States Desired  Applied For 1985 Associated by States Desired  \$8.75 Associated by States Desired Appart  TALLAHASSEE, FL 32301-2525  Sinea Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL 32301-2525  Cay  FILE Normit Fee 19 S150.00  Sinea Address of Country in the State of Florica. I am familiar with, and accept the desired dispers.  FILE Normit Fee 19 S150.00  In accordance with s. 607.183(2)(b), F.S., the corporation of the other by States Desired Desired By States Desi	Suite Ant # etc			Suite, Apt. #, etc.										
See				City P Crata			_				CHZEUS		onlied For	
B. Neme and Address of Current Registered Agent     T. Name and Address of New Registered Agent     CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525  TALLAHASSEE, FL 32301-2525  TOY  THE Address (P.O. Box Number is No: Acceptable)  TOY  TO Be a compared entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accopting the accopting the familiar with and accopting the familiar with accopting the familiar with and accopting the familiar with and accopting the familiar with and accopting the familiar with ac	City & Stat			· · · · · · · · · · · · · · · · · · ·							· · · · ·			
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Coun		5. Certifica		of Status Des	ired				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525    City   FL   Zip Code		6. Name	and Address of Curre	nt Registered Agen	t	<u> </u>								
TALLAHASSEE, FL 32301-2525  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  City FL Zip Code  I am familiar with, and accept the policy of the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the policy of the poli														
a. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in me State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWIII FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP  GESTRI, FRANCESCO  MARE  GESTRI, FRANCESCO  SIRETADORESS  CITY-ST-2P  Debete  TITLE  MARE  SIRETADORESS  SIRETADORESS  CITY-ST-2P  Debete  TITLE  MARE  SIRETADORESS  CITY-ST-2P  Debete  TITLE  SIRETADORESS  CITY-ST-2P  TO Change debete  SIRETADORESS  CITY-ST-2P  Debete  TITLE  SIR								Street Address (P.O. Box Number is Not Acceptable)						
a. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in me State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWIII FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP  GESTRI, FRANCESCO  MARE  GESTRI, FRANCESCO  SIRETADORESS  CITY-ST-2P  Debete  TITLE  MARE  SIRETADORESS  SIRETADORESS  CITY-ST-2P  Debete  TITLE  MARE  SIRETADORESS  CITY-ST-2P  Debete  TITLE  SIRETADORESS  CITY-ST-2P  TO Change debete  SIRETADORESS  CITY-ST-2P  Debete  TITLE  SIR														
The obligations of registered agent.  SIGNATURE    Signature   Sig												<u> </u>		
FILE NOW!!! FEE IS \$190.00  After January 1, 2006, Fee will be \$300.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  MAKE GESTRI, FRANCESCO MAKE STREET ADDRESS CITY-ST-2P CHANGES CITY-ST-														
FILE NOW!! FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  10. OFFICERS AND DIRECTORS														
After January 1, 2006, Fee will be \$300.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  BY  CONTY-ST-2P  CONTY-ST-2P  TOOR PARIS FRANCES.  CONTY-ST-2P  TITLE  INVERTIAGORESS  CONTY-ST-2P  TOTAL  TO														
TITLE  MAKE  GESTRI, FRANCESCO SIREETADORESS CITY-ST-ZIP  TOOR PARIS FRANCE,  Delete  MAKE  MAKE  MAKE  STREET ADDRESS CITY-ST-ZIP  TITLE  MAKE STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  TITLE  MAKE STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  TITLE  MAKE STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  TITLE  Change Addition  TITLE  MAKE STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition  TITLE  Change Additio						:	In accorda corporatio	ince with n did not	s. 607.1 receive t	93(2)(b), the prior	F.S., the notice.			
STREET ADDRESS CITY-ST-ZIP TITLE MANE MANE STREET		T-2	OFFICERS AN					· · · · · · · · · · · · · · · · · · ·	CHANGES TO	OFFICE				
SIREET ADDRESS CITY-ST-ZP TOOR PARIS FRANCE,  Delete TITLE MAME SIREET ADDRESS CITY-ST-ZP TITLE MAME SIRET ADDRESS CITY-ST-ZP TITLE MAME SIREET ADDRESS CITY-ST-ZP TITLE MAME SIREET ADDRESS CITY-ST-ZP TITLE MAME SIREET ADDRESS CITY-ST	1	I												
TITLE    Delete   TITLE   SECRETARY   Change   Addition	1	ADDRESS 2 AVENUE MONTAIGNE						S AVENUE MONTAIGNE						
MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREE														
CITY-ST-ZIP  TITLE    Delete   TITLE     NAME     TITLE     NAME   TITLE     NAME   TITLE     NAME   TITLE     NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   TITLE   NAME   NAME   NAME   NAME   TITLE   NAME   NAM	NAME				NAM	ME	8+	HELDON	SATL	IN.	_	- •		
TITLE    Delete   TITLE     MAME   MA	1				1								5	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZI	} ···									<del>-</del>	Ī	Channe	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	l .					-		10/14	/05iii	07I	013 ×	年→ №150.	00	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE CITY-ST-ZIP  THE CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  THE CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  THE CONTROL OF Addition STREET ADDRESS CITY-ST-ZIP  ST								·				_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.  SIGNATURE:				Ц						cess		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.  SIGNATURE:					•		6	TEST .	ATTE	從上		4	Q .	
STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.  SIGNATURE:							1/27		200-			Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.  SIGNATURE:	_													
NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	l													
STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.  SIGNATURE:	1											Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	STREET ADDRESS				STR	EET ADDRESS								
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:	12 I bereby	certify that the	information supplied	ith this filing dose or	ot qualify for the eve	emotion etat	ed in Sa	ction 119 07/2V	i) Florida Star	tuton 1 fil	ther sealt	thet the	oformation	
	indicated of the cor	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 path; 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												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	SIGNAT	URE: _	Hall	esalt	<b>&gt;</b>			<b></b>						