

OCT. 26. 2004 9:56AM

CORPORATION SVC CO

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04 OCT 26 AM 11:23

2004 FOR PROFIT CORPORATION
REINSTATEMENTSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103790			
1. Entity Name B.H. SALES, INC.			
Principal Place of Business C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022		Mailing Address C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3979614		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Deborah D. Skipper</i> Deborah D. Skipper Asst. V. Pres. DATE <i>10/26/04</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORE, GIANLUCA 745 FIFTH AVE NEW YORK, NY 10151 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition Claudia Consiglio 803 Madison Avenue New York, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUDANNO, EMANUELA 745 FIFTH AVE NEW YORK, NY 10151 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition Emanuela Laudanno 803 Madison Avenue New York, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVIA, GEORGE M. 800 MADISON AVE. - 12TH FL. NEW YORK, NY 10022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURATORE, DELIA 745 FIFTH AVENUE NEW YORK, NY 10151 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMANGHI, VANNI 745 5TH AVE. NEW YORK, NY 10151 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASI, STEFANE 745 5TH AVE. NEW YORK, NY 10151 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition Stefano Pasi 803 Madison Avenue New York, NY 10021
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 507, 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: <i>[Signature]</i>		Date: _____ Daytime Phone: _____	

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

B.H. SALES, INC.

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