PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
06 JUN 27 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000002016

1. Corporation Name
LOOK, Inc.

2. Principal Office Address	3. Mailing Office Address
601 W. 26th Street	Same
Suite, Apt. #, etc.: Suite 820	Suite, Apt. #, etc.
City & State: New York, New York	City & State
Zip: 10001 Country: USA	Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 01/08/1998

5. FEI Number: 65-0809106 ☐ 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: W. Robinson Frazier

Street Address (P.O. Box Number is Not Acceptable): 1515 Riverside Avenue

400026145 06/13/06--01014--010 **150.00

Suite, Apt. #, Etc.: Suite A

City: Jacksonville State: FL Zip Code: 32204

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: W. Robinson Frazier Date: 6-22-2006
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
P/D	James Maharg	601 W. 26th St., Suite 820	New York, NY 10001
CFO/D	Kevin O'Boyle	601 W. 26th St., Suite 820	New York, NY 10001
VP/D Sales	Thomas Conley	601 W. 26th St., Suite 820	New York, NY 10001

04-06

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 contained in Chapter 119, 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: Kevin O'Boyle Kevin O'Boyle, CFO 5/24/06 (212) 219-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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