FORM I

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

880	YW)
OME	APPROV	AL
OMB Number:		3235-0076
Expires:		
Estimated aver	age burden	
hours per respo	nse	16.00
SEC	C USE ONI	_Y
Prefix		Serial
1		l

UNII	DATE RECEIVED			
Name of Offering (check if this is a by Perfumania Holdings, Inc. of	n amendment and name has changed, as f shares of Common Stock and	-	e.) Issuance	
Filing Under (Check box(es) that apply): Type of Filing: New Filing Ame	☐ Rule 504 ☐ Rule 505	Rule 506	Section 4(6)	ପାନ୍ତିଆ Processing Bection
	A. BASIC IDENTIFIC	CATION DATA		Aug 2 6 Zuor
1. Enter the information requested about the				
Name of Issuer (check if this is an ame	endment and name has changed, and ind	icate change.) Pe	erfumania Holo	dings, Inc. 101
Address of Executive Offices	(Number and Street, City,			hone Number (Including Area Code)
251 International Parkway, Sun	rise, Florida 33325	PPAC	ESSED ⁹⁵⁴	335-9100
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip			none Name (1)
Brief Description of Business: Fragran	ce retailer and wholesaler.	THOMSO	N PEHTERS	
Type of Business Organization ⊠ corporation □ business trust	☐ limited partnership, already form☐ limited partnership, to be formed		Other (please specif	fy): 08055346 Imited partnership, already formed
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizate	•	0 10 C	Cear Actual State:	☐ Estimated

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Attention: Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: \boxtimes Director Promoter Beneficial Owner **Executive Officer** ☐ General and/or Managing Partner Full Name (Last name first, if individual) Katz, Michael W. Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 \times Executive Officer Promoter Beneficial Owner Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Nussdorf, Stephen Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 \boxtimes Beneficial Owner **Executive Officer** Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Garfinkle, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 XDirector Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Bouhadana, Joseph Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 \boxtimes Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Taylor, Carole Ann Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 区 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner...__ Full Name (Last name first, if individual) Dellomo, Donna Business or Residence Address (Number and Street, City, State, Zip Code) 35 Sawgrass Drive, Suite 2, Bellport, New York 11713 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)★

Check Box(es) that Apply:								 		
Business or Residence Address (Number and Street, City, State, Zip Code) 35 Sawgrass Drive, Suite 2, Bellport, New York 11713 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Chin, Donovan Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	Check Box(es) that Apply:		Promoter		Beneficial Owner	X	Executive Officer	Director		
35 Sawgrass Drive, Suite 2, Bellport, New York 11713 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☒ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Chin, Donovan Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or	•	if indiv	vidual)							
Full Name (Last name first, if individual) Chin, Donovan Business or Residence Address (Number and Street, City, State, Zip Code) 251 International Parkway, Sunrise, Florida 33325 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or		•								
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251 International Parkway, Sunrise, Florida 33325 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	• • •	if indi	vidual)						·	
									····	
	Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director		SUITE -12 0.
	Business or Residence Addre	ess (Ni	umber and S	treet, C	ity, State, Zip Code)			 		

					B. INFO	RMATION	ABOUT O	FFERING		······································		
1. Has	the issuer so	ld, or does	the issuer in	ntend to sell	, to non-acc	redited inves	stors in this	offering?				Yes No
				Ansv	ver also in A	ppendix, Co	olumn 2, if f	iling under U	ILOE.			
2. What is the minimum investment that will be accepted from any individual?										s <u>*</u>		
3. Doe:	s the offerin	g permit joi	nt ownershi	p of a singl	e unit?	***************************************						Yes No
com If a or st	mission or s person to be tates, list the	imilar remu listed is an name of the	meration fo associated e broker or	r solicitation person or an dealer. If m	n of purchas gent of a bro ore than five	ers in conne ker or deale	ction with so r registered to be listed	directly or in ales of securi with the SEC are associate	ties in the of and/or with	fering. a state	N /	A
Full Na	ıme (Last na	me first, if i	individual)									
Busines	ss or Reside	nce Address	(Number a	ınd Street, C	City, State, Z	ip Code)					·	
Name o	of Associate	Broker or	Dealer									
					s to Solicit I	Purchasers, A	AL, DE, FL,	MA, MD, N	H, VA			
(Check	"All States"	or check in	ıdividual St	ates)								☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HM]	[[1]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if i	individual)									
Busines	ss or Reside	nce Address	(Number a	nd Street, C	City, State, Z	ip Code)						
Name o	of Associate	Broker or	Dealer									
	n Which Per											· · ·
(Check	"All States"	or check in	idividual St	ates)						•••••		☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(H1)	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
				[17]	[01]	[41]	[VA]	[WAJ	[** *]	[wi]	[wi]	[FK]
Full Na	me (Last na						·					
		* 44	· Mumber o	nd Street, C	City, State, Z	ip Code)						
Busines	ss or Resider	ice Address	(Number a									
	ss or Resider							·····				
Name o		l Broker or	Dealer		s to Solicit I	Purchasers						
Name of States in	of Associated	l Broker or	Dealer Has Solicite	ed or Intend								☐ All States
Name of States in	of Associated	l Broker or	Dealer Has Solicite	ed or Intend			[DE]	[DC]	[FL]	[GA]	(HI)	☐ All States
Name of States in (Check	of Associated n Which Per "All States"	Broker or son Listed I or check in	Dealer Has Solicite	ed or Intend								
Name of States in (Check	of Associated n Which Per "All States" [AK]	d Broker or son Listed I or check in [AZ]	Dealer Has Solicite dividual St	ed or Intend ates)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]

^{*} The issuance is to stockholders of Model Reorg, Inc. pursuant to the merger of Model Reorg with a subsidiary of the issuer.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 				
Type of Security		aggregate fering Price	Am	ount Already Sold
Debt		0	\$	0
Equity				,246,000 (1)
☑ Common ☐ Preferred	Ψ <u>1+1.</u>	240,000 (1	, Ψ <u>141</u>	,240,000 (1)
Convertible Securities (including warrants)	¢	0	¢	0
Partnership Interests				
Other (Specify)		0		<u>0</u>
Total				240,000(2)
Answer also in Appendix, Column 3, if filing under ULOE.	⊅ <u>∠0,3</u>	<u>340,000(2)</u>	⊅ <u>∠∪,</u>	340,000(2)
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	,	Marchae		Aggregate
		Number nvestors		llar Amount Purchases
Accredited Investors		7	\$ <u>16</u>	1,586,000
Non-accredited Investors		. 0	\$	0
Total (for filings under Rule 504 only)		0	\$	0
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
Type of offering		Type of Security	Do	llar Amount Sold
Rule 505	•	0	\$	0
Regulation A		0		0
Rule 504		0	¢	. 0
Total		0	\$ \$	0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		. <u>. </u>	Ψ	
Transfer Agent's Fees			\$	0
Printing and Engraving Costs			\$_	78,00 0
Legal Fees		🔀	\$	10,000
Accounting Fees	*************	X	- \$	100,000
Engineering Fees			\$	0
Sales Commissions (specify finders' fees separately)	,	_	\$_ \$	0
Other Expenses (identify)			\$	0
Total	************	X	\$_	188,000

⁽¹⁾ The Issuer is issuing an aggregate 5,900,000 shares of its Common Stock and 1,500,000 warrants to purchase a like number of shares of Common Stock upon exercise. The reported aggregate offering price of the shares is based on a per share value of "23.94 per share, as reported on Nasdaq on December 20, 2007. There are no cash proceeds to the issuer.

⁽²⁾ The reported aggregate offering price of the warrants is calculated using the Black-Scholes pricing model and based on the \$23.94 per share price of the shares on December 20, 2007.

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		ļ	\$ 161,39	<u>8,000</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.				
	Payments Officers Directors, Affiliate	&	Payme Oth	
Salaries and fees	□ \$	0	□ \$	0
Purchase of real estate	□ \$	0	□ \$	0
Purchase, rental or leasing and installation of machinery and equipment	□ \$	0	□ \$	0
Construction or leasing of plant buildings and facilities	□ \$	0	□ \$	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	0	□ \$	0
Repayment of indebtedness	□ \$	0	□ \$	0
Working capital	□ \$	0	□\$	0
Other (specify):				
	□\$	0	□\$	(3)
Column Totals	□\$	0	□ \$	0
Total Payments Listed (column totals added)	□\$			0
(3) All of the shares of Common Stock and warrants issued in the offering are being issued in exchange for shares proceeds to the issuer.	of Model Reorg	g, Inc.	There are	no cash
(Signature Page Follows)				

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Perfumania Holdings, Inc.	Signature A	Date August 19, 2008
Name (Print or Type) DONOUAN CHIN	Chief Francial Offices, Re	FUMANIA, FAC

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)



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