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**FILED**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 25 AM 9:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F93000000094					
<b>1. Corporation Name</b> Parfums Givenchy WED, Inc.					
<b>2. Principal Office Address</b> 20801 Biscayne Blvd Suite, Apt. #, etc. 103 City & State Aventura, FL Zip 33180			<b>3. Mailing Office Address</b> 19 East 57th Street Suite, Apt. #, etc. City & State New York, NY Zip 10022		
Country USA			Country USA		

**REINSTATEMENT** 0/04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1/7/1993	
<b>5. FEI Number</b> 650275360	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <small>\$0.75 Additional Fee required for a Certificate of Status</small>	

<b>7. Name and Address of Current Registered Agent</b>			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.**

Signature of Registered Agent: Deborah D. Skipper Deborah D. Skipper  
 REGISTERED AGENT MUST SIGN Asst. V. Pres. Date: Feb/25/2004

**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
D	Alain Crever	19 East 57th Street	New York, NY 10022
D	Manuel Serrano	19 East 57th Street	New York, NY 10022
P	Thierry Durand	20801 Biscayne Blvd, Ste 103	Aventura, FL 33180
S	Louise Firestone	19 East 57th Street	New York, NY 10022

**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 under section 118.07(3)(b), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE: Louise Firestone Louise Firestone 2/25/04 212-931-2707  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B

Florida Department of State  
Division of Corporations  
Public Access System

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To:  
Division of Corporations  
Fax Number : (850)205-0384

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

*F93000000094* *54C*

**CORPORATION REINSTATEMENT**

**PARFUMS GIVENCHY WED, INC.**

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