

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 16 PM 2:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000004760**

1. Corporation Name
L'OCCITANE, INC.

Principal Place of Business Mailing Address
10 EAST 39TH STREET, 8TH FLOOR **10 EAST 39TH STREET, 8TH FLOOR**
NEW YORK NY 11016 **NEW YORK NY 11016**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		13-3844764	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	GEIGER, REINOLD	2-1 ST. MAURICE, BP 307	MANOSQUE, FRANCE, 04103
EV	MOISE, PIERRE	10 EAST 39TH STREET, 8TH FLOOR	NEW YORK NY 11016
V	GUINARO, STEPHANIE	10 E 39TH ST, 8TH FL	NY NY 10016
VGFO	CECCARELY, JOSEPH E	10 E 39TH ST, 8TH FL	NY NY 10016
EV	JEAN JACQUES TOUPET	10 EAST 39TH ST, 8TH FL	NY NY 10016
T	WILFRID POISNEL	10 EAST 39TH ST, 8TH FL	NY NY 10016

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name
	Street REINSTATEMENT
	Suite, Apt. #, Etc.
	City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Deborah D. Skipper **Deborah D. Skipper**
 Asst. Secretary Date 10/16/01
 REGISTERED AGENT MUST SIGN

11. 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 119.07(3)(i), 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: WILFRID POISNEL **WILFRID POISNEL** Date 10-15-01 (212) 696-9098 x17
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)