

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -3 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005333**

1. Corporation Name

DESIGNER FRAGRANCES & COSMETICS COMPANY

Principal Place of Business

Mailing Address

~~440~~ TERMINAL AVENUE
 CLARK NJ 07066

~~440~~ TERMINAL AVENUE
 CLARK NJ 07066

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

133 Terminal Ave

133 Terminal Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/18/1999

5. FEI Number

22-3419910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

1000

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
PCEO	PEYRELONGUE, GUY	575 FIFTH AVENUE	NEW YORK NY 10017
VCAO	DOLDEN, ROGER	575 FIFTH AVENUE	NEW YORK NY 10017
VGCS	SULLIVAN, JOHN D	575 FIFTH AVENUE	NEW YORK NY 10017
V	WISWALL, JOHN	575 FIFTH AVENUE	NEW YORK NY 10017
T	FISCHER, KENNETH	575 FIFTH AVENUE	NEW YORK NY 10017
			LS

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 Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

~~400003463434~~ 1
 -11/14/00--01093--012

****758 (State) Zip Code 75

FL

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

Laura R... REGISTERED AGENT MUST SIGN

Date

11/6/00

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:

Ken Fischer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00

Daytime Phone #

CR2E040 (8/00)