

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 AM 10:23

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001440

1. Limited Liability Company's Name

Benefit Cosmetics LLC

CR2E041 (8/05)

2. Principal Office Address 685 Market St., Suite, Apt. #, etc. 7th Floor City & State San Francisco, CA Zip 94105		Country USA		3. Mailing Office Address c/o Laura Enos, COO Suite, Apt. #, etc. 685 Market St., 7th Floor City & State San Francisco, CA Zip 94105		Country USA		4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 9/14/1999		6. FEI Number 94-3339302		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status															

8. Name and Address of Current Registered Agent

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	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jeanine Reynolds
as its agent

Date 10-18-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Patrick Choel	19 East 57th Street	New York, NY 10022
Mgr.	Nicolas Cordier	19 East 57th Street	New York, NY 10022
Mgr.	Hugues Dusseaux	19 East 57th Street	New York, NY 10022
Mgr.	Jean Ford	685 Market St., 7th Fl.	San Francisco, CA 94105
Mgr.	Jane Ford	685 Market St., 7th Fl.	San Francisco, CA 94105
Mgr.	Lee Ford	12800 N. Meridian St. #325	Carmel, IN 46032

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 10/13/05

Daytime Phone# (415) 781-8153

Typed or printed name of signing Managing Member/Manager

Jean Ford