


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

CORPORATION REINSTATEMENT



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

FILED
 00 NOV -9 AM 10:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 855004

1. Corporation Name
 CHRISTIAN DIOR BOUTIQUES, INC.

| | | | |
|--|----------------------|--|----------------------|
| 2. Principal Office Address <i>712 Fifth Avenue</i> | | 3. Mailing Office Address <i>712 Fifth Avenue</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>New York, New York</i> | | City & State <i>New York, NY</i> | |
| Zip <i>10019</i> | Country <i>NY</i> | Zip <i>10019</i> | Country <i>NY</i> |

REINSTATEMENT 87-00

4. Date Incorporated or Qualified To Do Business in Florida *12/17/1982*

5. FEI Number *13-3049302*

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 United States Corporation Company

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street **800003457878-3**

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 617.0503, F.S.

Signature of Registered Agent *Carol K. Dolor* Date *11/7/2000* **LS**

REGISTERED AGENT MUST SIGN **Carol K. Dolor, AVP**

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 |
|------------|-----------------------------------|---|---------------------------|
| <i>DIC</i> | <i>Sidney Toledano</i> | <i>40 Christian Dior Boutiques 712 Fifth Avenue</i> | <i>New York, NY 10019</i> |
| <i>D.P</i> | <i>Pierre Gode'</i> | <i>Same</i> | <i>New York, NY 10019</i> |
| <i>D</i> | <i>Michael Burke</i> | <i>Same</i> | <i>New York, NY 10019</i> |
| <i>T</i> | <i>Jillian Hirsch</i> | <i>Same</i> | <i>New York, NY 10019</i> |
| <i>S</i> | <i>Louise Firestone</i> | <i>Same</i> | <i>New York, NY 10019</i> |

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 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: *Louise Firestone* **Louise Firestone** *10/10/00* **(212) 931-2707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)

202



ACCOUNT NO. : 072100000032

REFERENCE : 789050 4370126

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 2,256.25

ORDER DATE : August 7, 2000

ORDER TIME : 3:55 PM

ORDER NO. : 789050-070

CUSTOMER NO: 4370126

CUSTOMER: Louise Firestone, Esq
LVMH MOET HENNESSY, INC.
LVMH MOET HENNESSY, INC.
19 East 57th Street, 5th Floor

New York, NY 10022

DOMESTIC FILING

NAME: CHRISTIAN DIOR BOUTIQUES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____

RECEIVED
00 NOV -8 PM 4: 41
DIVISION OF CORPORATION