

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 17 AM 11:03
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 00000003956

1. Corporation Name

CLICQUOT, INC.

REINSTATEMENT 04-05

2. Principal Office Address

TWO PARK AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

TWO PARK AVENUE

Suite, Apt. #, etc.

CR2E081 (8/05)

City & State

NEW YORK, N.Y.

City & State

NEW YORK

4. Date Incorporated or Qualified To Do Business in Florida

7/14/2000

5. FEI Number

68-0056653

Applied For

Not Applicable

Zip

10016

Country

USA

Zip

10016

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. 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

500061762475
11/29/05-01069-009 **900.00

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

Cynthia L. Harris

**Cynthia L. Harris
as its agent**

Date

11/17/05

REGISTERED AGENT MUST SIGN

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
<u>PRES. CEO. DIR.</u>	<u>GUILIANO, MIRELLE</u>	<u>9 PRINCETON DR, DEX HILLS</u>	<u>DEX HILLS, N.Y. 11746</u>
<u>SR. VP. TREAS. DIR.</u>	<u>SAWITSKY, WALTER M.</u>	<u>44 TOWNLINE COURT</u>	<u>HAUPPAUGE, N.Y. 11788</u>
<u>SECY</u>	<u>FIRESTONE, LOUISE</u>	<u>336 CENTRAL PARK WEST</u>	<u>NEW YORK, N.Y. 10025</u>
<u>CHMN OF THE BOARD</u>	<u>BONNEFOND, CECILE</u>	<u>9 bis, RUE LALO</u>	<u>PARIS, FRANCE 75116</u>
<u>DIR.</u>	<u>MONNET, GERARD A.</u>	<u>36 RUE LEGER BERTIN</u>	<u>EPERNAY, FRANCE 51200</u>

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:

WALTER M. SAWITSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SENIOR VICE PRESIDENT,
FINANCE & OPERATIONS

11/14/05

Date

Daytime Phone #

(212) 888-7575