

Nov-Nov. 1. 2006 10:50AM

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T-46No. 7900/009 P. 189

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -6 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004469

Entity Name

PRESTIGE BRANDS HOLDINGS, INC.

Prestige Brands Holdings, Inc

Principal Place of Business

3510 NORTH LAKE CREEK DRIVE
BOX 1108
JACKSON, WY 83001

Mailing Address

3510 NORTH LAKE CREEK DRIVE
BOX 1108
JACKSON, WY 83001



10052006 REIN-P CR2E098 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 85-1026844		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SATTERWHITE, CYNTHIA B V 26811 SOUTH BAY DRIVE, SUITE 300 BONITA SPRINGS, FL 34134		Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, #4 City Weston FL Zip Code 33331	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Angela Gawlinski* Angela Gawlinski-Assr. Secretary 11/1/06
DATE

FILE NOW!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MANN, PETER C CEO 80 NORTH BROADWAY IRVINGTON, NY 10533 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080870642 10/16/06--01029--015 ***750.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ANDERSON, PETE 80 NORTH BROADWAY IRVINGTON, NY 10533 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DALE M 3510 NORTH LAKE CREEK DRIVE #1108 JACKSON, WY 83001 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 11/9/06 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale M. Johnson* DALE M. JOHNSON 10-5-06 307-739-8204
SIGNATURE AND TYPE OR PRINTED NAME OF ELIGIBLE OFFICER OR DIRECTOR Date Daytime Phone