

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

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FILED

2006 NOV 21 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004933

1. Entity Name
HAVAS HOLDINGS, INC.



Principal Place of Business
430 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974

Mailing Address
430 MOUNTAIN AVENUE
MURRAY HILL, NJ 07974


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

500082141865
11/23/06--01049--004 **150.00



10242006 REIN-P CR2E098 (11/05)

4. FEI Number
52-1983617

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1202 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Joaqueline N Casper* **Joaqueline N. Casper** 11-17-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

2 **FILE NOW!!! FEE IS \$150.00**
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED DE POUZILHAC, ALAIN 2 ALLEE DE LONGCHAMP 92281 SURESNES CEDEX FRANCE, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, CHAIRMAN FERNANDO RODES VILA 2 ALLEE DE LONGCHAMPS 92281 SURESNES CEDEX, FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD HERAIL, JACQUES 2 ALLEE DE LONGCHAMP 92281 SURESNES CEDEX FRANCE, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HERVE PHILLIPPE 2 ALLEE DE LONGCHAMPS 92281 SURESNES CEDEX, FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WYNNE, NANCY 350 HUDSON STREET NEW YORK, NY 10014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICK BAGARAZZA 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BASTIAN, ROBERT 350 HUDSON STREET NEW YORK, NY 10014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT ALEXANDER 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, ROBERT W 350 HUDSON STREET NEW YORK, NY 10014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACQUES DILLIES 350 HUDSON ST NEW YORK, NY 10014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT DUCAS, MICHAEL 430 MOUNTAIN AVENUE MURRAY HILL, NJ 07974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, TREAS LYNN HOROWITZ 430 MOUNTAIN AVE MURRAY HILL, NJ 07974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patrick J. Bagarozza* **PATRICK BAGARAZZA** 11-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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Date: November 15, 2006

To: Charlene Cox
Corporation Service Co.
2711 Centerville Road, Suite 400
Wilmington, DE 19808

*Oracle #
607276.10*

Re: Havas Holdings, 2006 Florida Reinstatement

Charlene,

Attached is the reinstatement form for Havas Holdings and a check in the amount of \$150. To give you a little background on this, I've also attached the 2006 Annual Report with a copy of the cancelled check mailed to the State of FL on March 31, 2006. The Annual Report and check were mistakenly addressed to the Florida Department of Revenue, not the Division of Corporations where it should have gone. The Department of Revenue deposited the check, but the annual report was never filed. I found this out when I received the Notice of Dissolution, copy also attached.

I spoke with Tyrone Scott at the FL Division of Corporations and he asked to have the signed reinstatement and check sent to his attention for processing:

FL Division of Corporations
ATTN: Tyrone Scott
P O Box 6327
Tallahassee, FL 32314

Per our conversation, please have the form signed where indicated, and forward to Tyrone. Thanks for your help.

Regards,

Linda
Linda Towers
Office Assistant
Havas NA, Inc.
T: 908-516-1617
F: 908-771-0223

A112855