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CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Secretary of State

DOCUMENT # F 97000000769

1. Corporation Name

FORTUNE BRANDS, INC.

FILED

02 DEC -3 PH 3: 16

SECRETARY OF STAY
TALLAHASSEE, FLORE

TENSTATEMENT

| 2. Principal Office   | Address             | 3. Malling Office | 3. Malling Office Address |  |
|-----------------------|---------------------|-------------------|---------------------------|--|
| 2711 CENTERVILLE ROAD |                     | 2711 CENTE        | 2711 CENTERVILLE ROAD     |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. |                   | Suite, Apt. #, etc.       |  |
| SUITE 400             |                     | SUITE 400         | SUITE 400                 |  |
| City & State          |                     | City & State      | City & State              |  |
| WILMINGTO             | N, DE               | WILMINGTON        | WILMINGTON, DE            |  |
| Zip                   | Country             | Zip               | Country                   |  |
| 19808                 | USA                 | 19808             | USA                       |  |
|                       |                     |                   |                           |  |

4. Date Incorporated or Qualified
To Do Business in Florida 02/12/97

**5.** FEI Number 860865641

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

7. Name and Address of Current Registered Agent

Street Agent

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

State
Zip Code
122301

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 Octoral W. Skipper REGISTERED AGENT MUST SIGN

Deborah D. Skipper Asst. V. Pres. Date 12/3/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles                        | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|-------------------------------|--------------------------------------|---|-----------------------|
| Presidentl<br>Director        | GEORGE A. MASSIH, III                | 2711 CENTERVILLE ROAD, SUITE 400                  | WILMINGTON, DE 19808  |
| VP/<br>Director               | MARK RADEL                           | 2711 CENTERVILLE ROAD, SUITE 400                  | WILMINGTON, DE 19808  |
| VPI<br>Asst. Sec.             | MARGARET A. PIKE                     | 700 S. SECOND ST.                                 | SPRINGFIELD, IL 62704 |
| VP/<br>Asst. Sec              | MARY T. MESSINA                      | 2711 CENTERVILLE ROAD, SUITE 400                  | WILMINGTON, DE 19808  |
| MSA.Sec.<br>VP)<br>Asst. Sec. | LISA G. MULLIGAN                     | 2711 CENTERVILLE ROAD, SUITE 400                  | WILMINGTON, DE 19808  |
| YP/<br>Asst. Sec.             | JOHN H. PELLETIER                    | 1177 AVENUE OF THE<br>AMERICAS-17TH FL            | NEW YORK, NY 10036    |

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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT & ASST. SECRETARY 11/12/02

800-877-2556



ACCOUNT NO. : 072100000032

REFERENCE :

838673

AUTHORIZATION

COST LIMIT : \$ 900.00

ORDER DATE: December 2, 2002

ORDER TIME : 10:19 AM

ORDER NO. : 838673-005

CUSTOMER NO: 5029133

CUSTOMER: Ms. Margaret Pike

Corporation Service Company -

700 South Second Street

Springfield, IL 62704

REINSTATEMENT

NAME: FORTUNE BRANDS, INC.

XX \_\_\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS