## **CORPORATION** REINSTATEMENT



### FLORIDA DEPART MENT OF STATE Kathering Harris

Secretary of State DIVISION OF CC RPORATIONS

19 E 574 Street

3. Mailing Office Address

Suite, Apt. #, etc.

## **DOCUMENT #**

2. Principal Office Address

Suite, Apt. #, etc.

19 East

1. Corporation Name

F98000004711

GUERLAIN, INC.

Paulin, Martine

SIGNATURE:

# FILED

OI MAY 17 PH 12: 58

SECRETARY OF STATE TALLAHASSEE: FLORIBA

REINSTATEMENT 990

					orporated or Qualified usiness in Florida 8–18–98	
City & State  New York, NY			City & State  New York, NY	<b>I</b> =	5. FEI Number Applied For 130809160 Not Applie	
Zip 10	022	Country	Zip 10022	CERTIFICAL CERTIFICAL	ATE OF STATUS DESIRED   \$8.75 Addition for a Cer	tional Fee required
			7. Name and A	d Iress of Current Registered Agent		
`	Suite, Apt City g appointed the	508  Miami Talla e registered agent of the abo	ve named corporation, am fa	anc. Corporation S  1201 Hays Street  5  1311 Hays Street  5  1311 Hays Street  5  1311 Hays Street  1	ا الله الله الله الله الله الله الله ال	9
2H C		W W - +	months are the company of the compan	GN  it corporations must list at least 3 directors)	Date	
Titles		Name of Officers and/or Directors		Street Address of Each Officer and or Director	City / State / Zip	
D	Ponro	oy, Thibaut	125	Lue De President Wilson	92300 Levallois OC	
D	Henry	, Eric	125	Lue De President Wilson	92300 Levallois OC	
DP	<del> </del>	ı, Marjorie	444	tast 57th Street Addison Avenue	New York, NY 100	22
DS	<del></del>	tone, Louise Levin, Anna	Two.	East 57h Street Iark Avenue, Ste. 1830	New York, NY-1001	610022
V Z	Fra Mory	NK Adam -	<del>/9</del>	Fast 5 7th Street	Piscataway, NJ	10022

1200 Brickell Ave.,

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 his 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 Egal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR





ACCOUNT NO. : 07210000032

REFERENCE: 152035 4370126

**AUTHORIZATION:** 

COST LIMIT: \$ 105 ettoria 1 mil

ORDER DATE: May 16, 2001

ORDER TIME : 9:59 AM

ORDER NO. : 152035-005

CUSTOMER NO: 4370126

NAME:

CUSTOMER: Rosalyn Middlemark, Legal Asst

LVMH MOET HENNESSY, INC. LVMH MOET HENNESSY, INC.

19 East 57th Street, 5th Floor

New York, NY 10022

#### DOMESTIC FILING

GUERLAIN, INC.

### EFFECTIVE DATE:

XX	REINSTATEMENT
	CERTIFICATE OF LIMITED PARTNERSHIP
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
xx	_ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING
CONTAC	T PERSON: Deborah Schroder  EXAMINER'S INITIALS: