

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F98000004711**

1. Corporation Name

GUERLAIN, INC.

Principal Place of Business

Mailing Address

LEGAL DEPT.
19 EAST 57TH STREET.5TH FL
NEW YORK NY 10022

LEGAL DEPT.
19 EAST 57TH STREET.5TH FL
NEW YORK NY 10022

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-0809160

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DC	SEMERARI, RENATO	125 RUE DE PRESIDENT WILSON	92300 LEVALLOIS,FRANCE
D	GOCHAUD, CATHERINE TSASSIS, STEPHAN	125 RUE DE PRESIDENT WILSON	92300 LEVALLOIS,FRANCE
D DGM	MCDONALD, CAMILLE	19 EAST 57TH STREET	NEW YORK NY 10022
S	FIRESTONE, LOUISE	19 EAST 57TH STREET	NEW YORK NY 10022
GM V	SPIRO, ART FOLKMAN, MICHAEL	19 EAST 57TH STREET	NEW YORK NY 10022
D	HILDEIN, HARALD HILWEIN, HARALD	125 RUE PRESIDENT WILSON	92300 LEVALLOIS,FRANCE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

080024100400

10/28/03--01013--020 **150.00

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE: Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10/23/03

11. 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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAM ENDY, VP, FINANCE

Date

Daytime Phone #

732-346-6792

CR2E040 (7/03)

LVMH

PERFUMES & COSMETICS SERVICES

October 15, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

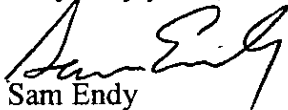
Subject: Guerlain Inc.
FEIN: 13-0809160

Dear Sir/Madam:

Attached is the executed Application for Reinstatement for the above taxpayer along with a check for \$150.00. Please be advised that the taxpayer respectfully requests that the reinstatement fee of \$600.00 be waived since notices of prior uniform business reports were never received by the taxpayer at the address shown in the attached application. Your consideration in this matter is greatly appreciated.

Should you have any question or need additional information, please contact Romeo V. Cunningham at 732-346-6792.

Very truly yours,


Sam Endy
Vice President, Finance