

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000005333

1. Corporation Name

DESIGNER FRAGRANCES & COSMETICS COMPANY

Principal Place of Business

Mailing Address

133 TERMINAL AVENUE
CLARK NJ 07066

133 TERMINAL AVENUE
CLARK NJ 07066

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

5. FEI Number

22-3419910

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	PEYRELONGUE, GUY Jean Paul Agen	575 FIFTH AVENUE	NEW YORK NY 10017
VCAO	DOLDEN, ROGER	575 FIFTH AVENUE	NEW YORK NY 10017
VGCS	SULLIVAN, JOHN D	575 FIFTH AVENUE	NEW YORK NY 10017
V	WISWALL, JOHN	575 FIFTH AVENUE	NEW YORK NY 10017
T	FISCHER, KENNETH	575 FIFTH AVENUE	NEW YORK NY 10017
SEE ATTACHMENT FOR OFFICERS AND DIRECTORS			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite

City

State

Zip Code

FL

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.

700004687287--8

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

11/14/01

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)(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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President

John D. Sullivan

Date

11/13/01 (212) 818-1500

Daytime Phone #

292

**APPLICATION FOR REINSTATEMENT IN
THE STATE OF FLORIDA**

**ATTACHMENT FOR BLOCK 7
OFFICERS / DIRECTORS**

<u>TITLE(S)</u>	<u>NAME OF OFFICERS/DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE, ZIP</u>
P/CEO/D	Jean-Paul Agon	575 Fifth Avenue	New York, NY 10017
V/CAO/D	Roger Dolden	575 Fifth Avenue	New York, NY 10017
V/GC/S/D	John D. Sullivan	575 Fifth Avenue	New York, NY 10017
V	John Wiswall	575 Fifth Avenue	New York, NY 10017
T	Kenneth Fischer	133 Terminal Avenue	Clark, NJ 07066
AV/AS	Christopher J. Corbett	575 Fifth Avenue	New York, NY 10017



ACCOUNT NO. : 072100000032

REFERENCE : 465579 4330294

AUTHORIZATION

COST LIMIT : \$ 750.00

Patricia Pizut

ORDER DATE : November 16, 2001

ORDER TIME : 10:14 AM

ORDER NO. : 465579-005

CUSTOMER NO: 4330294

CUSTOMER: Yumee Nam, Paralegal
L'oreal Usa, Inc.
575 Fifth Avenue

New York, NY 10017

RECEIVED
01 NOV 19 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DESIGNER FRAGRANCES &
COSMETICS COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____