

ACCOUNT NO. :

072100000032

REFERENCE

487982

4305390

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: November 19, 1999

ORDER TIME : 9:46 AM

100003058501--1

ORDER NO. : 487982-005

CUSTOMER NO:

CUSTOMER:

Cole Schotz Meisel Forman &

25 Main Street

Ms. Kim Calkin

4305390

Hackensack, NJ 07602

FOREIGN FILINGS

NAME: COSMETICS PLUS SECAUCUS,

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ANGIE L. GLISAR

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COSMECTC:	s Plus Secaucus, Inc.		· · · · · · -	
words or abbr	poration; must include the word "If eviations of like import in language or partnership if not so contained in	as will clearly indicate that		
New Jers	ey	3.		
(State or coun	try under the law of which it is inc	orporated)	(FEI number, if applicab	ole)
November :	19, 1991	5. Perpetual		
(D	Date of incorporation)	(Duration: Yea	ar corp. will cease to exist or "	perpetual")
Company h	nas not yet commenced to	ransacting busines	3S	
(Date fir	rst transacted business in Florida.)	(SEE SECTIONS 607.15	01, 607.1502 and 817.155, F.	S.)
345 Kapl	an Drive	£ %.		-
Fairfiel	d, New Jersey 07004			
	·	nt mailing address)		•
	(
Leasing	company for the retail	operations		
(Purpos	se(s) of corporation authorized in h	ome state or country to be	e carried out in state of Florida	i)
Name and s	street address of Florida regis	tered agent: (P.O. Bo)	x or Mail Drop Box NOT a	ccentable)
	Corporation Service Co	_ ,	1	F /
Name:	Corporación Service Co	- Juipany		
	1201 Hays Street			
fice Address:	Tallahassee	1 71	32301	
fice Address:		, FIC	orida, 32301 (Zip code)	
fice Address:			· •	
fice Address:			,	

Corporation Service Company

By: To be the Time III Asst V

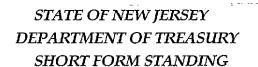
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	P. C.
Chairman: Donald Gottheimer	9
Address: 345 Kaplan Drive	S ASSE
Fairfield, New Jersey 07004	in the second
Vice Chairman:	1. 3
Address:	19 15
,	
Director: _Donald Gottheimer	
Address: 345 Kaplan Drive	
Fairfield, New Jersey 07004	- · · · · · · · · · · · · · · · · · · ·
Director:	-
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Donald Gottheimer	
Address: 345 Kaplan Drive	
Fairfield, New Jersey 07004	
Vice President:	
Address:	
- Add Oosi	
Secretary: Donald Gottheimer	
Address: 345 Kaplan Drive	
Fairfield, New Jersey 07004	
Treasurer: Donald Gottheimer	
Address: 345 Kaplan Drive	
Fairfield, New Jersey 07004	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	/or directors.
13. Senature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)
14. Donald Gottheimer, President	

(Typed or printed name and capacity of person signing application)



COSMETICS PLUS SECAUCUS, INC.

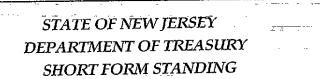
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 19, 1991.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

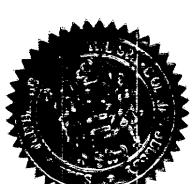
I further certify that the registered agent and registered office are:

Michael H Forman 25 Main St Po Box 800 Hackensack, NJ 07602

Continued on next page . . .



COSMETICS PLUS SECAUCUS, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of November, 1999

Rdom I mm achols

Roland M Machold Treasurer