

102000031847

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000031847

1. Limited Liability Company's Name  
D & L Cosmetics LC

|  |                |  |                |
|--|----------------|--|----------------|
| 2. Principal Office Address<br>380 N.E. 67th Street<br>Suite, Apt. #, etc. |                | 3. Mailing Office Address<br>380 N.E. 67th Street<br>Suite, Apt. #, etc. |                |
| City & State<br>Miami, Florida   |                | City & State<br>Miami, Florida   |                |
| Zip<br>33138   | Country<br>USA | Zip<br>33138   | Country<br>USA |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |                               |
|--|-------------------------------|
| 4. State/Country of Formation<br>Florida   |                               |
| 5. Date Organized or Qualified To Do Business in Florida<br>11/27/2002   |                               |
| 6. FEI Number<br>56-2366325  | Applied For<br>Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |                               |

|  |             |                        |
|--|-------------|------------------------|
| 8. Name and Address of Current Registered Agent                            |             |                        |
| Name<br>Geoffrey M. Wayne, P.A.  |             |                        |
| Street Address (P.O. Box Number is Not Acceptable)<br>1201 Brickell Avenue |             |                        |
| Suite, Apt. #, Etc.<br>Suite 220   |             |                        |
| City<br>Miami  | State<br>FL | Zip Code<br>33131-3207 |

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Geoffrey M. Wayne Date 2/19/04

REGISTERED AGENT MUST SIGN

| 10. Names and Street Addresses of Managing Members/Managers |                                   |  |                     |
|---|-----------------------------------|--|---------------------|
| Titles  | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip  |
| MGRM  | Renaud Doura                      | 380 N.E. 67th Street                           | Miami, Florida 3338 |
|   |                                   |  |                     |
|   |                                   |  |                     |
|   |                                   |  |                     |
|   |                                   |  |                     |
|   |                                   |  |                     |

REINSTATEMENT 2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Renaud Doura Date 2/19/04 Daytime Phone # 305-756-5070

Typed or printed name of signing Managing Member/Manager Renaud Doura

CR2041 (10/02)