


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 07 MAY 24 PM 3:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M01000002299

1. Limited Liability Company's Name
KENZO PARFUMS NA LLC

BK

BK

CR2E041 (1/07)

2. Principal Office Address - No P O Box #
19 East 57th Street

3. Mailing Office Address *via LVNH INC*
19 E. 57th Street

Suite, Apt #, etc.
5th Floor

City & State
New York NY

Zip
10022

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
10/11/2001

6. FEI Number
13-4172767

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

State
FL

Zip Code
32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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
Brian Courtney
Asst. V. Pres.

Date
5/23/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	LVNH ROBT HENNESSY LOUIS VUITTON INC	19 East 57th Street	New York, NY 10022
		BK	
			400103191154

REINSTATEMENT 2004-2007

11. I certify that I am managing member/manager of 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
Louise Firestone

Date
5/22/07

Daytime Phone #
212-931-2709

Typed or printed name of signing Managing Member/Manager
Louise Firestone, Secretary of Side Member, Hennessy Louis Vuitton Inc



M01000002299

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 915187 4370126

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ ~~500.00~~ (actual charge)

ORDER DATE : May 23, 2007

200.00

ORDER TIME : 4:21 PM

ORDER NO. : 915187-005

BK BK

CUSTOMER NO: 4370126

REINSTATEMENT

NAME: KENZO PARFUMS NA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____

FILED
 07 MAY 24 PM 3:16
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

 07 MAY 24 AM 8:44
 RECEIVED
 STATE DIVISION OF CORPORATIONS
 TALLAHASSEE FLORIDA