PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUN 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000003744

1. Limited Liability Company's Name

Clinique Services LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Suite, Apt. #, etc. ATTN: TAX DEPT.	Suite, Apt. #, etc. ATTN: TAX DEPT.
City & State 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747	City & State 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
Zip / Country	Zip / Country

4. State/Country of Formation DE

5. Date Organized or Qualified To Do Business In Florida 7/5/2005

6. FEI Number 13-3488722 ☐ Applied For ☐ Not Applicable

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

Suite, Apt. #, Etc.:

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: John H. Pelletier JOHN H. PELLETIER ASST. VICE PRESIDENT Date: 5/19/09

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
	(See atachment)		

06-09

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05/06/09--01016--021 **600.00

REINSTATEMENT

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: Raymond J. Gwydir Date: 5/18/09 Daytime Phone # 631 847 6327

Typed or printed name of signing Managing Member/Manager: Raymond J. Gwydir Vice President & Tax Counsel

C.L.

Clinique Services LLC
List of Officers & Directors

Name	MANAGERS	Business Address
Lynne Green	President	7 Corporate Center Drive, Melville, NY 11747
Richard W. Kunes	Executive Vice Pres/Chief Financial Officer	7 Corporate Center Drive, Melville, NY 11747
Sara E. Moss	Executive Vice Pres/Chief Counsel	7 Corporate Center Drive, Melville, NY 11747
Frank Doyle	Senior Vice President - Corporate Controller	7 Corporate Center Drive, Melville, NY 11747
George H. Martini	Vice President & Deputy General Counsel	7 Corporate Center Drive, Melville, NY 11747
Spencer G. Smul	Vice President and Secretary	7 Corporate Center Drive, Melville, NY 11747
Terence R. Stack	Vice President & Treasurer	7 Corporate Center Drive, Melville, NY 11747
Raymond Gwydir	Vice President & Tax Counsel	7 Corporate Center Drive, Melville, NY 11747
James Schwechert	Assistant Secretary	7 Corporate Center Drive, Melville, NY 11747
Lisa Cappell	Assistant Secretary	7 Corporate Center Drive, Melville, NY 11747
	DIRECTORS	
Richard Kunes	Director	7 Corporate Center Drive Melville, NY 11747
Sara Moss	Director	7 Corporate Center Drive Melville, NY 11747