

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000000340

FILED
Apr 03, 2009
Secretary of State

Entity Name: BUMBLE AND BUMBLE PRODUCTS, LLC

Current Principal Place of Business:

415 WEST 13TH STREET
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

415 WEST 13TH STREET
NEW YORK, NY 10022

New Mailing Address:

7 CORPORATE CENTER DRIVE
ATTN: TAX DEPT.
MELVILLE, NY 11747

FEI Number: 13-3880058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WAVE PRODUCTS, INC.,
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: P () Delete
Name: SHEARER, PHILIP
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: VCFO () Delete
Name: KUNES, RICHARD W
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: VS () Delete
Name: MOSS, SARA E
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: V () Delete
Name: DIGESO, AMY
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: V () Delete
Name: DOYLE, FRANK L
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WAVE PRODUCTS, INC.,
Address: 7 CORPORATE CENTER DRIVE ATTN: TAX DEPT.
City-St-Zip: MELVILLE, NY 11747

Title: P (X) Change () Addition
Name: LICHTENTHAL, PETER
Address: 767 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10153

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISA CAPPELL

AS

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date