

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M99000001440

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M99000001440**

1. Limited Liability Company's Name

Benefit Cosmetics LLC

10/4/02

2. Principal Office Address

685 Market Street

Suite, Apt. #, etc.

7th Floor

City & State

San Francisco CA

Zip

94105

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

9/14/1999

6. FEI Number

13-3998576

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.

REINSTATEMENT 2002-2003 900022282463

City

Tallahassee

State

FL

Zip Code

32301

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

Ann R. Mullins

REGISTERED AGENT MUST SIGN

Date

8/11/03

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 |
|------------|--------------------------------------|---|--------------------------------|
| NBR | Patrick Choi | 19 East 57th Street | New York, NY 10022 |
| NBR | Jacques Mantz | 19 East 57th Street | New York, NY 10022 |
| NBR | Hugues Dusseaux | 19 East 57th Street | New York, NY 10022 |
| NBR | Jean Danielson | 685 Market Street | San Francisco, CA 94105 |
| NBR | Jane Ford | 685 Market Street | San Francisco, CA 94105 |
| NBR | Timothy Warner | 685 Market Street | San Francisco, CA 94105 |

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

L. Firestone

Date

8/18/03

Daytime Phone #

212-931-2707

Typed or printed name of signing Managing Member/Manager

Louise Firestone, Secretary of Member Hennessy Louis

Vulcan Inc.

CR2E041 (10/02)

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CORPORATION SERVICE COMPANY™

M99000001440

ACCOUNT NO. : 072100000032

REFERENCE : 201040 4370126

AUTHORIZATION :

Patricia Pignata

COST LIMIT : \$ 200.00

ORDER DATE : August 11, 2003

ORDER TIME : 4:50 PM

ORDER NO. : 201040-005

CUSTOMER NO: 4370126

CUSTOMER: Rosalyn Middlemark, Legal Asst
Lvmh Inc.
5th Floor
19 East 57th Street
New York, NY 10022

PK

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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REINSTATEMENT

NAME: BENEFIT COSMETICS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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