


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23361**

1. Corporation Name

SHISEIDO COSMETICS (AMERICA) LTD. INC.

Principal Place of Business

Mailing Address

900 3RD AVE
NEW YORK NY 10022
US

178 BAUER DR
OAKLAND NJ 07436
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1989

5. FEI Number

13-2545265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CCEO	ISAO, ISEJIMA	214 GARY ROAD	STAMFORD CT 06903
S	KENTARO, KAWAZOE	900 THIRD AVE	NEW YORK NY 10022
D	TAKAHASHI, NOBUO	178 BAUER DRIVE	OAKLAND NJ
DWP	GEPHART, BRUCE	900 THIRD AVE	NEW YORK NY 10022
			6010004689986--4 -11/28/01--01080--021 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~THE PRENTICE HALL CORP. SYSTEM INC.~~
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date

10-26-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liston

Date

11/22/01

Daytime Phone #

201-671-3831



Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

10/15/01

We are requesting that you waive any Reinstatement Fees in relation to our Annual Corporation Application. We did not receive any original filing notice or delinquent notices. We are a little confused because we did not receive the original form or any delinquent notices, but we did receive the Reinstatement Application. If there are any questions or problems please let us know.

A handwritten signature in cursive script, appearing to read 'Scott Santarpia'.

Scott Santarpia – Controller
201-651-3831