

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **REINSTATEMENT 2001**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

01 OCT 18 PM 12:17

DOCUMENT # M91000000380

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

**ADVANCED SKIN CARE DISTRIBUTORS, LLC**

2. Principal Office Address

**14795 PERDIDO KEY DRIVE**  
 Suite, Apt. #, etc.

**SUITE C3**  
 City & State

**PENSACOLA, FL**

Zip Country  
**32507 USA**

3. Mailing Office Address

**14795 PERDIDO KEY DRIVE**  
 Suite, Apt. #, etc.

**SUITE C3**  
 City & State

**PENSACOLA, FL**

Zip Country  
**32507 USA**

4. State/Country of Formation

**TN / USA**

5. Date Organized or Qualified To Do Business in Florida

**1997**

6. FEI Number

**62-1606405**

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

**ADVANCED SKIN CARE DISTRIBUTORS, LLC**

**200004649992-5**

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

**14795 PERDIDO KEY DRIVE**

**-10/23/01--01037--027**

**\*\*\*\*150.00 \*\*\*\*150.00**

Suite, Apt. #, Etc.

**SUITE C3**

City

**PENSACOLA**

State

**FL**

Zip Code

**32507**

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date **10/16/01**

**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
<b>MGRY / PRES</b>	<b>MARK C. FULLER</b>	<b>400 PALM LAKE DRIVE</b>	<b>PENSACOLA, FL 32507</b>

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

*[Signature]*

Date **10/16/01**

Daytime Phone # **850-492-7719**

Typed or printed name of signing Managing Member/Manager

**MARK FULLER**

CR2E041 (9/01)