FILE No.945 12/27 '05 04:31 ID:CSC FAX:850 558 1515 PAGE 4/ 4 1/2

DEC. 21. 2005 4:01PM CORP SERVICE COMP NO. 2362 P. 2

APPROVED AND FILED

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05 DEC 21 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000000580

1. Corporation Name
Advanced Aesthetics Sub, Inc.

REINSTATEMENT 05

2. Principal Office Address	3. Mailing Office Address
2511 S. Dixie Hwy	2511 S. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
West Palm Beach, FL	West Palm Beach, FL
Zip: 33404 Country: U.S.A.	Zip: 33404 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 02/04/2003

5. FEI Number: 65-1174518 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Deborah D. Skipper Date: 12/27/2005
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Rakowski, Richard	2511 S. Dixie Hwy	West Palm Beach, FL 33404
President	Higgins, John	2511 S. Dixie Hwy	West Palm Beach, FL 33404
Vice President	Lipman, Andrew D.	10 Glenville Street	Greenwich, CT 06831
Director of Operations	Sassoon, Elan	2511 S. Dixie Hwy	West Palm Beach, FL 33404
Secretary	Mandell, Edward R.	405 Lexington Ave.	New York, NY 10001

10. 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: _____ 12/20/05 212-704-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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K. Eckel DEC 28 2005

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ADVANCED AESTHETICS SUB, INC.

Certificate of Status	1
Certified Copy	0
Page Count	~~07~~ 4
Estimated Charge	$758.75

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K. Eckel DEC 28 2005