


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000000580		
1. Entity Name ADVANCED AESTHETICS SUB, INC.		

FILED
06 SEP 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2511 S. DIXIE HWY. WEST PALM BEACH, FL 33404	Mailing Address 2511 S. DIXIE HWY. WEST PALM BEACH, FL 33404
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2. Principal Place of Business	3. Mailing Address 501 MERRITT 7
Suite, Apt. #, etc	Suite, Apt. #, etc 5TH FLOOR
City & State	City & State NORWALK, CT
Zip	Country U.S.A.

09222006 REIN-P		CR2E098(11/05)	06
4. FEI Number 65-1174518	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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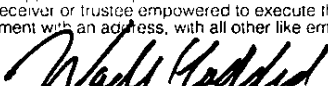
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent:	
SIGNATURE	(DATE)

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	(NOTE: Registered Agent signature required when reinstating)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAKOWSKI, RICHARD 2511 S. DIXIE HWY. WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGGINS, JOHN 2511 S. DIXIE HWY. WEST PALM BEACH, FL 33404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIPMAN, ANDREW D 10 GLENVILLE STREET GREENWICH, CT 06831 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO SASSOON, ELAN 2511 S. DIXIE HWY. WEST PALM BEACH, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDELL, EDWARD R 405 LEXINGTON AVE. NEW YORK, NY 10001 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/VP BURRIS, MATTHEW 501 MERRITT 7 - NORWALK, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HADDAD, WADE 501 MERRITT 7 - NORWALK, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080259144 09/28/06--01028--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	9/26/06 203-295-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	