PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 AUG 30 AM 7:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000022049

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08/30/04--01085--002 **200.00

1. Limited Liability Company's Name

NAPLES SKIN CARE, LLC

2. Principal Office Address		3. Mailing Office Address	
300 5th AVE. SOUTH		300 5th AVE. SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#101-336		#101-336	
City & State		City & State	
NAPLES FL		NAPLES FL	
Zip	Country	Zip	Country
34102	USA	34102	USA

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified To Do Business in Florida 2000 or 2001?

6. FEI Number
65-1159983
☐ 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
DEBRA VAN SCHAARDENBURG

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

Suite, Apt. #, Etc.

City: NAPLES | State: FL | Zip Code: 34102

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 ____ Date 8-24-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR.	MELISSA WAITE	1259 8th Ave N	Naples, FL 34102

REINSTATEMENT 8-30-04

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 Melissa A Waite Date 8/23/04 Daytime Phone# 239-434-2161

Typed or printed name of signing Managing Member/Manager Melissa A Waite