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

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

FILED
2004 AUG 11 P 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000008330

1. Limited Liability Company's Name

Medicosmetics, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6870 Dykes Road | 6870 Dykes Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Southwest Ranches, FL | City & State: Southwest Ranches, FL |
| Zip: 33331 Country: USA | Zip: 33331 Country: USA |

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 9 Apr 11 2002

6. FEI Number: 331001354 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: FRANCO, Lawrence A

Street Address (P.O. Box Number is Not Acceptable): 8751 West Broward Blvd

100040086101
08/11/04 01024-018 **220.00

Suite, Apt. #, Etc.: 401

City: Plantation State: FL Zip Code: 33324

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 8/10 2004

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| MGRM | CUBAS, Felipe L | 6870 Dykes Road | SW Ranches, FL 33331 |
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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 _____ Date 07/29/04 Daytime Phone # (954) 434-1010

Typed or printed name of signing Managing Member/Manager Felipe L. Cubas MD