PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000011649

1. Limited Liability Company's Name

BELLEZZA LLC

03

2. Principal Office Address	3. Mailing Office Address
315 Richfield Road	315 Richfield Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Upper Darby, PA	City & State: Upper Darby, PA
Zip: 19082 County: USA	Zip: 19082 County: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: May 14, 2002

6. FEI Number: 03-0440858 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: SMITH, SCOTT ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1301 Astoria

Suite, Apt. #, Etc.:

City: Coral Gables — State: FL — Zip Code: 33134

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: Scott G. Smith — Date: 11/10/2004

REGISTERED AGENT Initial Count

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Grace G. Autieri	315 Richfield Road	Upper Darby, PA 19082
MGRM	D'Onn K. Genovese	2210 Running Spring Place	Encinitas, CA 92024
MGRM	Angelo J. Autieri	315 Richfield Road	Upper Darby, PA 19082
MGRM	Carmen E. Genovese	2210 Running Spring Place	Encinitas, CA 92024
		REINSTATEMENT 2003-2004	300042800013
		BN	11/16/04--01075--002 **205.00

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 608.508, 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: Grace Autieri — Date: 11/10/2004 — Daytime Phone #: 610-352-3708

Typed or printed name of signing Managing Member/Manager: Grace G. Autieri