

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2004 DEC -1 PM 1:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # 102000014332

1. Limited Liability Company's Name

BEAUTIFUL U...SKIN REJUVENATION, LLC

2. Principal Office Address

1910 S. Ridgewood Avenue

Suite, Apt. #, etc.

City & State

South Daytona FL

Zip

32119

Country

US

3. Mailing Office Address

1910 S. Ridgewood Avenue

Suite, Apt. #, etc.

City & State

South Daytona FL

Zip

32119

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified  
To Do Business in Florida

6-28-02

6. FEI Number

14-1838247

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

Tamara Messina

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

1910 S. Ridgewood Avenue

Suite, Apt. #, Etc.

City

South Daytona

State

FL

Zip Code

32119

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-24-04

**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	Tamara Messina	1910 S. Ridgewood Avenue	South Daytona FL 32119

**REINSTATEMENT** 2003-04

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

[Signature]

Date

11-19-04

Daytime Phone # 386-295-3120

Typed or printed name of signing Managing Member/Manager