2006 LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 27 AM 8: 42

REINSTATEMENT

DOCUMENT # L02000027681 1. Entity Name FORÉVER YOUNG OF PALM BEACH, LLC Principal Place of Business Mailing Address 22523 ESPLANADA CIRCLE WEST 22523 ESPLANADA CIRCLE WEST BOCA RATON, FL 33433-5916

BOCA RATON, FL 33433-5916 2. Principal Place of Business
12083 Dolphin Drive 3. Mailing Address 12083 Suite, Apt. #, etc. Suite, Apt. #, etc. 02172006 REIN-LLC CR2E101 (11/05)

Palm t	Seach Gardens, FL	Kalim Beach G	ardens'	4. FEI Numb	per PPLICABLE	Applied For Not Applicable
Zip 33	3410 Palm Beach	Zip 33410 (I	Pourtry Re	5. Certificate	e of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
Name Tana Address of New Registered Agent						
JASBON,	RIGUELK	ASBON, KIGUEL-K				
22523 ESPLANADA CIRCLE WEST			Street A	ddress (P.O. Box Numb	e is Not Acceptable)	
BOCA RATON, FL 33433				اامرده	phin Dure	,
	<u>.</u>		. Pal	m Beac	h Gardens	b _i
		$\supset \land \frown$	City		F	L Zingsaulo
8. The above named entity submits this statement to the purpose of phanging its registere				r registered agent, or bo	oth, in the State of Florida. I a	m familiar with, and accept
the obligations of registered agent.						
SIGNATURE		NCHCHUNIN Y MKKUUNCHUN N	U		1 ebruan	126.06
Signature, typed or printed name of registered agest together application (NOTE Registered Agent signature required when reinstating) DAF						
		(-)				J
FILE NOWILL FEE IS \$300.00 Make check payal						pavable to
FILE NOW!!! FEE IS \$200.00				Florida Department of State		
				,		
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGE	S
TITLE	MGR	☐ Delete	TITLE	MGR .		Change
NAME	JASBON', RIGUEL K		NAME	NOSEAT	SIGUEL K	
STREET ADDRESS	22523 ESPLANADA CIRCLE WES	ST	STREET ADDRESS	120X3 Dol	ohin Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Dalm Bea	ch Gardens,	CI 33WID
TITLE		☐ Delete	TITLE	1 1	<u> </u>	☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE			☐ Change ☐ Addition
NAME		- Ucicie	NAME			
STREET ADDRESS			STREET ADDRESS		00069949 0/0601052010	633
CITY-ST-ZIP			CITY-ST-ZIP	[U4/1)	0/0601052010) **200 . 00
TITLE	-	□ Delete				□ 0b □ b.0000
NAME	ر ا	☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
			· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ Delete	TITLE	PSS/FARO BASE	3 () C-200 () () ()	☐ Change ☐ Addition
NAME			NAME			105-116
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	n mennam (0200
			CITY-ST-ZIP			
TITLE	ر ا	☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	_		

11. I her by certify that the information sopplie indicated on this report is true and accurate limited liability company or the receiver of the control of with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the steep empoywered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE