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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000044139

1. Entity Name
MEDSPA INVESTOR GROUP, LLC

Principal Place of Business	Mailing Address
2069 SW 7TH CT BOCA RATON, FL 33486	2069 SW 7TH CT BOCA RATON, FL 33486
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10082004 REIN-LLC CR2E101 (8/04)

4. FEI Number: 20-0392625 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: Connie Bryan Special Asst. Secretary 10/8/04
DATE

FILE NOW!!! FEE IS $100.00
After January 1, 2005, Fee will be $[illegible]

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Delete Peerless Management Services, Inc. 6501 Red Hook Plaza, Suite 201 PMB St. Thomas, USVI 00802-1306
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Delete Peerless Real Estate Services, Inc. 102 Pebble Ridge Farms Court Cary, NC 27513
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Neil G. O'Rourke 10/7/04 919-678-1499
Signature, typed or printed name of managing member or manager, or receiver or trustee — Date — Daytime Phone #

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

MEDSPA INVESTOR GROUP, LLC

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