



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000051506		
1. Entity Name M AESTHETICS LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 19 AM 10:07

Principal Place of Business 3412 PRIMROSE CT. #203 PALM BEACH GARDENS, FL 33410	Mailing Address 3412 PRIMROSE CT. #203 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business Sile Alamanda DE Suite, Apt. #, etc.	3. Mailing Address Sile Alamanda DE Suite, Apt. #, etc.
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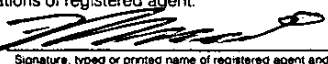

0132006 REIN-LLC CR2E101 (11/05)

City & State North Palm Beach, FL	City & State North Palm Beach, FL
Zip 33408	Country U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MUCCI, DAVID 3412 PRIMROSE CT. #203 PALM BEACH GARDENS, FL 33410	
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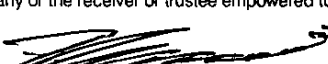
7. Name and Address of New Registered Agent	
Name DAVID MUCCI	
Street Address (P.O. Box Number is Not Acceptable) Sile Alamanda DE	
City North Palm Beach FL	Zip Code 33408

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 	DATE 1-13-06

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUCCI, DAVID 3412 PRIMROSE CT. #203 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROZENBOOM, DONETTA 3412 PRIMROSE CT. #203 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000065002500 02/01/06--01083--009 **100.10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 05-06

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #