SEP. 26. 2005 10:47AM L04000085141 NO. 2738 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 29 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000085141

1. Limited Liability Company's Name

CUTS FITNESS FOR WOMEN, LLC

2. Principal Office Address	3. Mailing Office Address
1111 LINCOLN RD	109 LEFFERTS LN
Suite, Apt. #, etc.: STE 400	Suite, Apt. #, etc.:
City & State: MIAMI BEACH, FL	City & State: CLARK, NJ
Zip: 33139 Country: USA	Zip: 07066 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11-23-2004

6. FEI Number: 36-4565219 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Laura R. Dunlap as its agent Date: 9/29/05

REGISTERED AGENT MUST SIGN

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	JOHN A. GENNARO	109 LEFFERTS LN	CLARK NJ 07066
			800060088198
	REINSTATEMENT 2005		
		MR	

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 608.408, 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: Date: 9-26-05 Daytime Phone #: 732 381-4300

Typed or printed name of signing Managing Member/Manager: JOHN A. GENNARO, mgrm

CR2E041 (10/02)

CSC.
CORPORATION SERVICE COMPANY.

L04000085141

ACCOUNT NO. : 072100000032

REFERENCE : 623064 7463032

AUTHORIZATION : Patricia Liggitt

COST LIMIT : $ 150.00

ORDER DATE : September 28, 2005

ORDER TIME : 1:49 PM

ORDER NO. : 623064-005

CUSTOMER NO: 7463032

FILED
05 SEP 29 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CUTS FITNESS FOR WOMEN, LLC

RECEIVED
05 SEP 29 PM 3:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext# 2914

EXAMINER'S INITIALS _____