

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000038992

Entity Name: BEAUTY WATERS, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

120 SW 91 AVE #111
PLANTATION, FL 33324

New Principal Place of Business:

14359 MIRAMAR PARKWAY
SUITE 228
MIRAMAR, FL 33027

Current Mailing Address:

120 SW 91 AVE #111
PLANTATION, FL 33324

New Mailing Address:

14359 MIRAMAR PARKWAY
SUITE 228
MIRAMAR, FL 33027

FEI Number: 86-1135813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKINNEY, MAXIA
120 SW 91 AVE #111
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: JANICE NULL ON BEHALF OF INCORP SERVICES,

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKINNEY, MAXIA
Address: 120 SW 91 AVE #111
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKINNEY, MAXIA
Address: 700 SW 108 AVE. #208
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Change (X) Addition
Name: GILES, ARCHIE
Address: 14359 MIRAMAR PARKWAY SUITE 257
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Change (X) Addition
Name: PREVENTIVE HEALTH PRODUCTS, LLC
Address: 14359 MIRAMAR PARKWAY SUITE 228
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARCHIE GILES

VP

06/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date