PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED
DOCUMENT # L05000041328 1. Limited Liability Company's Name Touche Salan + Spa, LLC		2007 NOV -1 P 4: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			CR2E041 (1/07)
2. Principal Office Address No P.O. Box # 9693 Post/ly Cauret	3. Malling Office Address 9693 Postley Count	4. State/Countr	ry of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organia To Do Busin	RIAA 4317 zed or Qualified ess in Florida 4/27/05
Wellington FL	Wellington FL 3344	6. FEI Number	40-77
33414 USA	334/4 USA	7.	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			
Name Talishia Caballero		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable) 9693 Postle a Cruse f			
Suite, Apt. #, Etc.			
City Wellington	State Zip Code FL 33414	Tomotate	
9. I, being appointed the registered agent of the above parned/limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent Date 10/26/07 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Men Titles Name of Managing Members/Manage	Street Address of Each		City / State / Zip
MORN Talishia Caballero 9693 Postley Court			Wellington, FL 33414
	<i>y</i>		
		70 	0111585197 07-01040007 **60.00
		3)701053008 ** 5.00
,	REMSTAT	EMEN	06-01
	N ESTABLISHED IN CO.		1
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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 Manager Date 10/26/07 Daytime Phope # 56-633-2576 Taking Member/Manager Aba (Kong)			
Typed or printed name of signing Managing Member/Manager			