2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 30, 2006
Secretary of State

DOCUMENT# L05000071467

Entity Name: ORCHID NAILS SPA LLC

Current Principal Place of Business:

7528 ARLINGTON EXPRESSWAY
APT 222
JACKSONVILLE, FL 32211

New Principal Place of Business:

540 COMMERCE CENTER DR
STE 155
JACKSONVILLE, FL 32225

Current Mailing Address:

7528 ARLINGTON EXPRESSWAY
APT 222
JACKSONVILLE, FL 32211

New Mailing Address:

540 COMMERCE CENTER DR
STE 155
JACKSONVILLE, FL 32225

FEI Number: 20-3175029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, MARIE
7528 ARLINGTON EXPRESSWAY
APT 222
JACKOSNVILLE, FL 32211 US

Name and Address of New Registered Agent:

LAMBERT, MARIE
540 COMMERCE CENTER DR
STE 155
JACKOSNVILLE, FL 32225 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: MARIE LAMBERT 10/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAMBERT, MARIE
Address: 7528 ARLINGTON EXPRESSWAY APT 222
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAMBERT, MARIE
Address: 540 COMMERCE CENTER DR STE 155
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE LAMBERT MGRM 10/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date