

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000084665

FILED
Dec 07, 2006
Secretary of State

Entity Name: RENOVATIO MEDICAL SPA, LLC

Current Principal Place of Business:

4 NORTH SUMMERLIN AVENUE UNIT 16
ORLANDO, FL 32801

New Principal Place of Business:

4 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801

Current Mailing Address:

4 NORTH SUMMERLIN AVENUE UNIT 16
ORLANDO, FL 32801

New Mailing Address:

4 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801

FEI Number: 83-0437848 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:

TRACY, CHRISTOPHER
4 NORTH SUMMERLIN AVENUE UNIT 16
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

TRACY, CHRISTOPHER
4 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801 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: CHRISTOPHER TRACY

12/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: TRACY, CHRISTOPHER L PRESIDE
Address: 4 N SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32801 US

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: CHRISTOPHER TRACY

PRES

12/07/2006

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