## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	บ	T-4 PM 12: 29
DOCUMENT # L050009 1965  1. Limited Liability Company's Name		SECR	ETAKY OF STATE. HASSEE, FLORIDA
Widick Medical Aesthetics, LC		IACLA	
2. Principal Office Address - No P.O. Box # D2 3. Mailing Office Address		CR2E041 (1/07)	
33041 Professional 33	OUL Professional DR Apt. #, etc.	4. State/Count	: ~ ~ 115/4
Suite 102 St. City & State City &	ute 102	5. Date Organi	
1.	eesburg FL		Not Applicable
24788 US 34	1788 U.S	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		,	
Name Tamy Widick Street Address (P.O. Box Number is Not Acceptable) 330 41 POFESSIONAL DR Suite, Apt. #, Etc. Suite 102 City State Zip Code Leesburg, FL 34788		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.	
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  Registered Agent  Date  10   3   2007			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/ Managers	Street Address of Each Managing Member/Mana	ger	City / State / Zip
PRES TAMORY WHICK 33041 Professional DEIDE Lessaurg FL34788			
REINSTATEMENT 500110273775 10704 0701035020 **50.00			
9000-2007	10	/04/070; 	1035019 <b>**</b> 135.00
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 608.406, 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 Managing Member/Manager 20 1013 Date 1013 Daytime Phone 321 695 1036			
Typed or printed name of signing Managing Member/Manager Tamy Widck, WW.			