2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 13, 2011
Secretary of State

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Entity Name: LIFESTYLES SOLUTIONS MEDSPA, P.L.

Current Principal Place of Business:

2139-B N.E. 2ND STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2139-B N.E. 2ND STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-8738401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLOWAY, MICHAEL M M.D.
2139-B N.E. 2ND STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: MICHAEL HOLLOWAY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HOLLOWAY, MICHAEL M
Address: 2139-B N.E. 2ND STREET
City-St-Zip: OCALA, FL 34470

I hereby 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 Statues.

SIGNATURE: MICHAEL HOLLOWAY MGR 01/13/2011

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