FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000114132

1. Limited Liability Company's Name
Atlanta Aesthetic and Reconstructive Surgery Center, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
75 14th Street	75 14th Street
Suite, Apt. #, etc. Suite 2710	Suite, Apt. #, etc. Suite 2710
City & State Atlanta GA	City & State Atlanta GA
Zip 30309 Country USA	Zip 30309 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/02/2010

6. FEI Number: 27-3862989 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

E-mail Address: bethsaida.mendes@atlantaprsc.com
(To be used for future annual report notices)

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: [signature] Terrell Kearney Asst. Secretary Date: 06/07/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Kevin G. Work	75 14th Street Suite 2710	Atlanta, GA 30309

REINSTATEMENT

JUN 7 2013

R. HUNT

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 608.408, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 6/6/13 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Kevin G. Work M.D.

FL110 - 05/17/2013 Wolters Kluwer CCH

Division of Corporations

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ATLANTA AESTHETIC AND RECONSTRUCTIVE SURGERY CENTER,

Certificate of Status	0
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