
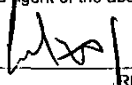
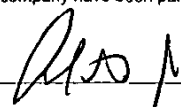


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		L96-1177	
1. Limited Liability Company's Name Steiner Management Services, LLC			
2. Principal Office Address 770 S. Dixie Highway Suite, Apt. #, etc. Suite 200 City & State Coral Gables, FL Zip 33146 Country USA		3. Mailing Office Address 770 S. Dixie Highway Suite, Apt. #, etc. Suite 200 City & State Coral Gables, FL Zip 33146 Country USA	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 65-0704389		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Carl St. Philip		200003499662-7 -12/13/00--01055--022 ****155.00 ****155.00	
Street Address (P.O. Box Number is Not Acceptable) 770 S. Dixie Highway			
Suite, Apt. #, Etc. Suite 200			
City Coral Gables		State FL	Zip Code 33146
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 <input checked="" type="checkbox"/>  Date 11/1/00 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Steiner Beauty Products, Inc.	5600 NW 12 Avenue Suite 303	Ft. Lauderdale, FL 33309
MGRM	Steiner Transocean Limited	Suite 104A, P.O. Box N-9306, Saffrey Square	Nassau, The Bahamas
MGRM	Steiner Leisure Limited	Suite 104A, P.O. Box N-9306, Saffrey Square	Nassau, The Bahamas
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 <input checked="" type="checkbox"/>  Date 11/1/00 Daytime Phone # (305) 358-9002 Typed or printed name of signing Managing Member/Manager			

CR2E041 (9/00)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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