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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

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1. Limited Liability Company's Name
Beauty Alliance Ventures, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1901 Ulmerton Road	Same
Suite, Apt. #, etc.: Suite 225	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State
Zip: 33762 Country: USA	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/11/2003

6. FEI Number: 87-0691317 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ 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: [signature] Date: 04/03/2007

REGISTERED AGENT MUST SIGN

John J. Linnihan, Asst. Vice President

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
MGR.	Beauty Alliance, L.L.C.	1901 Ulmerton Road, Suite 225	Clearwater, Florida 33762

REINSTATEMENT

0507

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.

Signature of Managing Member/Manager: [signature] Date: 04/03/2007 Daytime Phone #: (314) 863-0800

Typed or printed name of signing Managing Member/Manager: Philip G. Kaplan

MST

PLI18 - 6/12/07 CT System Online

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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