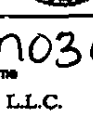


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THIS FORM SEE. FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>m03000001147</u>					
1. Limited Liability Company's Name <u>Beauty Alliance Ventures, L.L.C.</u>					
2. Principal Office Address - No P.O. Box # <u>1901 Ulmerton Road</u>		3. Mailing Office Address <u>SAME</u>		4. State/Country of Formation <u>Delaware</u>	
Suite, Apt. #, etc. <u>Suite 225</u>		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <u>4/11/2003</u>	
City & State <u>Clearwater, Florida</u>		City & State		6. FEI Number <u>87-0691317</u>	
Zip <u>33762</u>	Country <u>USA</u>	Zip	Country	Applied For ☐ Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED ☒	
8. Name and Address of Current Registered Agent <u>C.T. Corporation System</u> <u>1200 S. Pine Island Road</u> <u>Suite, Apt. #, Etc.</u> <u>Plantation</u>				☐ 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.	
State <u>FL</u> Zip Code <u>33324</u>					
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: <u>[Signature]</u> Date <u>04/03/2007</u> <u>John J. Lennon, Asst. Vice President</u>					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	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 05-07					
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: <u>[Signature]</u> Date <u>04/03/2007</u> Daytime Phone # <u>(314) 863-0800</u>					
Typed or printed name of signing Managing Member/Manager <u>Philip G. Kaplan</u>					

ALST

M03000001147Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT**BEAUTY ALLIANCE VENTURES, L.L.C.**

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