## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M04000001476

Entity Name: KLINGER ADVANCED AESTHETICS, LLC

FILED Sep 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2511 S DIXIE HWY

WEST PALM BEACH, FL 33404

Current Mailing Address: New Mailing Address:

2511 S DIXIE HWY

WEST PALM BEACH, FL 33404

FEI Number: 20-0368801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: LAURA R DUNLAP

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONAL ADDITI

ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: CHOCKY, GARY Name: ADVANCED AESTHETICS, SUB, INC.

Address: 2511 S DIXIE HWY Address: BLDG NO. 501, FIFTH FL., 7 CORPORATE PARK

City-St-Zip: WEST PALM BEACH, FL 33404 City-St-Zip: NORWALK, CT 06851 US

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 RAKOWSKI, RICHARD
 Name:

 Address:
 2511 S DIXIE HWY
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33404
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HIGGINS, JOHN
 Name:

 Address:
 2511 S DIXIE HWY
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33404
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SASSOON, ELAN
 Name:

 Address:
 2511 S DIXIE HWY
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33404
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LIPMAN, ANDREW D
 Name:

 Address:
 10 GLENVILLE STREET
 Address:

 City-St-Zip:
 GREENWICHT, CT 06831
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MANDELL, EDWARD R
 Name:

 Address:
 405 LEXINGTON AVENUE
 Address:

 City-St-Zip:
 NEW YORK, NY 10174
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: MATTHEW BURRIS MGR 09/26/2006