2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 03, 2009
Secretary of State

DOCUMENT# M05000002086

Entity Name: SOLUNA AESTHETIC CENTER, PLLC

Current Principal Place of Business:

10185 COLLINS AVE., APT. 1208
BAL HARBOUR, FL 33154

New Principal Place of Business:

Current Mailing Address:

10185 COLLINS AVE., APT. 1208
BAL HARBOUR, FL 33154

New Mailing Address:

FEI Number: 20-2415182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

KHORIATY, ALAN
10185 COLLINS AVE
#1208
BAL HARBOUR, FL 33154 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: ALAN KHORIATY 06/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KHORIATY, ALAN
Address: 10185 COLLINS AVE., APT. 1208
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGRM ( ) Delete
Name: KHORIATY, FLORENCE
Address: 10185 COLLINS AVE., APT. 1208
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALAN KHORIATY MGRM 06/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date