2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2008
Secretary of State

DOCUMENT# M05000005828

Entity Name: COMPLETELY BARE PALM BEACH, LLC

Current Principal Place of Business:

304 S. COUNTY RD.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

3300 S. OCEAN BLVD. STE 201S
PALM BEACH, FL 33480

New Mailing Address:

3300 S. OCEAN BLVD.
#201 SOUTH
PALM BEACH, FL 33480

FEI Number: 05-0627972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: JOSEPH B CRACE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CRACE, JOSEPH B
Address: 3300 S. OCEAN BLVD. STE 201S
City-St-Zip: PALM BEACH, FL 33480

Title: MGR ( ) Delete
Name: BARSHIP, HOWARD
Address: 3300 S. OCEAN BLVD. STE 201S
City-St-Zip: PALM BEACH, FL 33480

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: JOSEPH B CRACE PRES 10/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date