

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **REINSTATEMENT 2001**

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 12:17

DOCUMENT # M91000000380

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

ADVANCED SKIN CARE DISTRIBUTORS, LLC

2. Principal Office Address

14795 PERDIDO KEY DRIVE
 Suite, Apt. #, etc.

SUITE C3
 City & State

PENSACOLA, FL

Zip

Country

32507

USA

3. Mailing Office Address

14795 PERDIDO KEY DRIVE
 Suite, Apt. #, etc.

SUITE C3
 City & State

PENSACOLA, FL

Zip

Country

32507

USA

4. State/Country of Formation

TN / USA

5. Date Organized or Qualified To Do Business in Florida

1997

6. FEI Number

62-1606405

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ADVANCED SKIN CARE DISTRIBUTORS, LLC

200004649992-5

Street Address (P.O. Box Number is Not Acceptable)

14795 PERDIDO KEY DRIVE

-10/23/01--01037--027

******150.00 ****150.00**

Suite, Apt. #, Etc.

SUITE C3

City

PENSACOLA

State

FL

Zip Code

32507

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]
 REGISTERED AGENT MUST SIGN

Date **10/16/01**

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
MGRY / PRES	MARK C. FULLER	400 PALM LAKE DRIVE	PENSACOLA, FL 32507

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

[Signature]

Date **10/16/01**

Daytime Phone # **850-492-7719**

Typed or printed name of signing Managing Member/Manager

MARK FULLER

CR2E041 (9/01)