


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000065014		
1. Entity Name AESTHETIC PARTNERS, INC.		

Principal Place of Business 2711 NE 57TH ST FT LAUDERDALE, FL 33308	Mailing Address 2711 NE 57TH ST FT LAUDERDALE, FL 33308
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2. Principal Place of Business 744 Cable Beach Lane Suite, Apt. #, etc.	3. Mailing Address 744 Cable Beach Lane Suite, Apt. #, etc.
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City & State North Palm Beach, FL	City & State North Palm Beach, FL
Zip 33410	Country Palm Beach
Zip 33410	Country Palm Beach

6. Name and Address of Current Registered Agent LEHRER, SAMUEL DAVID 2711 NE 57TH ST FT LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE Samuel David Lehrer <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 10-11-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEHRER, SAMUEL DAVID 2711 NE 57TH ST FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060897894 10/24/05--01058--007 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Lehrer, Samuel David 744 Cable Beach, FL North Palm Beach, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.	
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 10-11-05 <small>Date</small>	DAYTIME PHONE # 561 809-3513 <small>Daytime Phone #</small>
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FILED  
05 OCT 24 PM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 2005