2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# P06000075340

Entity Name: ASTHETICS, INC

Current Principal Place of Business:

7041 SW 21ST PLACE #1
DAVIE, FL 33317

New Principal Place of Business:

4153 SW 47 AVE
#112
DAVIE, FL 33314

Current Mailing Address:

7041 SW 21ST PLACE #1
DAVIE, FL 33317

New Mailing Address:

4153 SW 47 AVE
#112
DAVIE, FL 33314

FEI Number: 20-5021036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, MICHAEL
7041 SW 21ST PLACE #1
DAVIE, FL 33317 US

Name and Address of New Registered Agent:

ROBINSON, MICHAEL
7175 ORANGE DR.
#322
DAVIE, FL 33314 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: MICHAEL ROBINSON 04/03/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBINSON, MICHAEL
Address: 7041 SW 21ST PLACE #1
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROBINSON, MICHAEL
Address: 7175 ORANGE DR. #322
City-St-Zip: DAVIE, FL 33314

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ROBINSON P 04/03/2008
Electronic Signature of Signing Officer or Director Date