GEORGIA SECRETARY OF STATE
Corporations Division
2 Martin Luther King, Jr. Drive Suite 313
Suite 313 - Floyd Tower West
Atlanta, Georgia 30334-1530
(404) 656-2817

Brian P. Kemp
Secretary of State

May 28, 2015

Lisa R. Jue, M.D.
4443 Sandhurst Place
Flowery Branch, GA 30542

Application for Reinstatement of a Georgia Limited Liability Company

Pursuant to the provisions of Title 14 of the Official Code of Georgia Annotated, the undersigned Georgia Limited Liability Company hereby applies to the Secretary of State for a certificate of reinstatement and for that purpose submits the following:

REJUVENATION CLINICS OF GEORGIA, L.L.C.

was administratively dissolved by the Office of Secretary of State on the 24th day of August, 2011 for failure to comply with the requirements of Title 14 of the Official Code of Georgia Annotated. Grounds for the dissolution either did not exist or have been eliminated. All taxes owed by the Limited Liability Company have been paid. The name, satisfying the Title 14 of the requirements of Official Code of Georgia Annotated, by which the Limited Liability Company will hereafter be known, is

REJUVENATION CLINICS OF GEORGIA, L.L.C.

This application must be accompanied by the **$250.00** "reinstatement fee". Please complete and return all copies of this form with a check made payable to the Secretary of State for the amount due below. This application must be signed by a member, manager or organizer.

LLC NAME	ADDRESS	CITY	STATE	ZIP
REJUVENATION CLINICS OF	2069 TERON TRACE, STE. 200	Dacula	GA	30019
AGT:				

IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW

LLC ADDRESS:	CITY	STATE	ZIP
1100 Sherwood Park Dr. NE, Ste 210	Gainesville	GA	30501
AGENT: Michael O. Warlick, MD		Georgia	
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT AUTHORIZED SIGNATURE: [signature] DATE: 5-28-15 TITLE: C.E.O. / Medical Director Email: lisarjue@gmail.com		COUNTY OF REGISTERED OFFICE: Hall	

CONTROL #: **07056868**	AMOUNT DUE: **$350.00**
RR#: **201501210028419**	**Next Day Expedite**

Please complete and return the entire form. DO NOT DETACH.

Return application with fees within 60 (sixty) days to avoid an increase in fees or rejection of current application.

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☑ Check here for **EXPEDITE PROCESSING**. There will be an **ADDITIONAL $100.00 or $250.00** FEE for next day or same day service respectively assessed along with the **$250.00** reinstatement fee.

Request for Reinstatement Application of An Administratively Dissolved Entity

1. Entity Control Number 07056868
2. Entity Name REJUVENATION CLINICS OF GEORGIA, L.L.C.
3. Date of Dissolution 08/24/2011
4. Name of Requestor Lisa R. Jue, M.D.
5. Requestor's Address 4443 Sandhurst Place
   Flowery Branch, GA 30542
6. Phone Number 678-316-2908 Ext.
7. Requestor's Affiliation Member
8. Lisa R. Jue MD 5-28-15
   Signature (signer **MUST** indicate capacity in which signing) Date
9. Email: **lisarjue@gmail.com**

Please note - failure to complete entire form may result in delayed processing of request. Please sign and mail both forms to the Georgia Secretary of State - Corporations Division, along with a check or money order made payable to the Secretary of State.

RECEIVED
JUN 01 2015
SECRETARY OF STATE