

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000021032

**FILED**  
**Oct 23, 2009**  
**Secretary of State**

**Entity Name:** NAVARRE SLEEP DISORDER GROUP INC.

**Current Principal Place of Business:**

8990 NAVARRE PARKWAY, STE B  
NAVARRE, FL 32566

**New Principal Place of Business:**

2053 FOUNTAIN PROFESSIONAL PLAZA  
HIGHWAY 98  
NAVARRE, FL 32566

**Current Mailing Address:**

1200 GRAVESEND NECK RD  
3L  
BROOKLYN, NY 11229

**New Mailing Address:**

FEI Number: 20-0676080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OPPENHEIM, KIRA  
21205 YACHT CLUB DRIVE  
406  
AVENTURA, FL 33180 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: KIRA OPPENHEIM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OPPENHEIM, KIRA  
Address: 1200 GRAVESEND NECK RD., APT 3L  
City-St-Zip: BROOKLYN, NY 11229

Title: CD ( ) Delete  
Name: KOSOVSKIY, GENNADIY  
Address: 10 CHASE DRIVE  
City-St-Zip: SHARON, MA 02067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: KIRA OPENHEIM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/23/2009

\_\_\_\_\_  
Date