2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000058167

City-St-Zip: BOCA RATON, FL 33496

Entity Name: ACHILLES HEEL HIGH RISK LIFE INSURANCE, INC.

FILED Nov 02, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EDERAL HWY TON, FL 3348				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	EDERAL HWY TON, FL 3348				
FEI Number	: 26-4435813	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
BOCA RA The above	EDERAL HWY TON, FL 3348	7 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: LANCE C	SANIS			
	Electror	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did (g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GANIS, LANCE 4400 NW 30 S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ZWEIBEL, DAV) Delete ID J. IED POINTE LANE	Title: Name: Address:	() Change () Addition	

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: LANCE GANIS PRES 11/02/2009