

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000028962

Entity Name: HEARMAX USA, LLC

FILED  
Nov 08, 2005  
Secretary of State

**Current Principal Place of Business:**

347 S.E. FISK ROAD  
PORT ST. LUCIE, FL 33494

**New Principal Place of Business:**

1856 W. HILLSBORO BLVD.  
SUITE I  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

347 S.E. FISK ROAD  
PORT ST. LUCIE, FL 33494

**New Mailing Address:**

PO BOX 4186  
DEERFIELD BEACH, FL 33442

FEI Number: 56-2461015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SCHWARTZ, ROBERT D  
4700 N.W. BOCA RATON BLVD., SUITE B-201  
BOCA RATON, FL 33431 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: ROBERT D SCHWARTZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CECELIA SILVERI GRAY, SON  
Address: 347 S.E. FISK ROAD  
City-St-Zip: PORT ST. LUCIE, FL 33494

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CECELIA SILVERI GRAY, SON  
Address: 8983 OKEECHOBEE BLVD #202-303  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CECELIA SILVERI GRAYSON

MGR

11/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date