2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 23, 2009
Secretary of State

DOCUMENT# L07000005340

Entity Name: RESTORATION MEDICINE, LLC

Current Principal Place of Business:

2006 MISTY HARBOR PLACE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

190 S. SYKES CREEK PKWY.
SUITE 3
MERRITT ISLAND, FL 329523572 US

Current Mailing Address:

P.O. BOX 542871
MERRITT ISLAND, FL 329542871

New Mailing Address:

190 S. SYKES CREEK PKWY.
SUITE 3
MERRITT ISLAND, FL 329523572 US

FEI Number: 20-8770011 **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:

MAKI, LANCE A
2006 MISTY HARBOR PLACE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

MAKI, LANCE A
190 S. SYKES CREEK PKWY.
SUITE 3
MERRITT ISLAND, FL 329523572 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: LANCE A. MAKI 07/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MAKI, LANCE A
Address: 2006 MISTY HARBOR PLACE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAKI, LANCE A
Address: 190 S. SYKES CREEK PKWY., SUITE 3
City-St-Zip: MERRITT ISLAND, FL 329523572 US

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 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: LANCE A. MAKI MGRM 07/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date