

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000075619 1. Entity Name MARDA MEDICAL, INC.				FILED 05 FEB 18 PM 4:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 895 NE DIXIE HWY STE 201 JENSEN BEACH, FL 34957		Mailing Address 895 NE DIXIE HWY STE 201 JENSEN BEACH, FL 34957		 REINSTATEMENT 04-05 <small>02042806 REINSTATEMENT 04-05</small>	
2. Principal Place of Business 895 NE DIXIE HWY STE 201		Mailing Address 895 NE DIXIE HWY STE 201			
City & State JENSEN BEACH, FL 34957		City & State JENSEN BEACH, FL 34957			
3. Principal Place of Business 895 NE DIXIE HWY STE 201		Mailing Address 895 NE DIXIE HWY STE 201		4. FEI Number 65-1042017	
City & State JENSEN BEACH, FL 34957		City & State JENSEN BEACH, FL 34957		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, ANDREW 895 NE DIXIE HWY STE 201 JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name ANDREW LEVIN Street Address (P.O. Box Numbers Not Applicable) 895 NE DIXIE HWY STE 201 City & State JENSEN BEACH FL 34957	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Andrew Levin, ANDREW LEVIN PD DATE 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! - FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME LEVIN, ANDREW STREET ADDRESS 895 NE DIXIE HWY STE 201 CITY-ST-ZIP JENSEN BEACH, FL 34957			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700047786467 STREET ADDRESS 03/07/05--01005--019 CITY-ST-ZIP **900.00		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE Andrew Levin, ANDREW LEVIN DATE 2/15/05 DAYTIME PHONE (772) 225-3111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					