2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2006
Secretary of State

DOCUMENT# P01000033204

Entity Name: SEAL & EXPUNGE CLINICS INC.

Current Principal Place of Business:

5300 NW 77 COURT
STE 204
MIAMI, FL 33166

New Principal Place of Business:

7667 NW 50 ST
1ST FLOOR
MIAMI, FL 33166

Current Mailing Address:

17845 SW 149TH AVE.
MIAMI, FL 33187

New Mailing Address:

FEI Number: 65-1088310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POZO, BARBARA C
17845 SW 149 AVE
MIAMI, FL 33187 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: BARBARA C. POZO

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: DPST ( ) Delete
Name: POZO, BARBARA C
Address: 17845 SW 149TH AVE.
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA C . POZO PRES 09/29/2006

Electronic Signature of Signing Officer or Director — Date