2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -4 PM 3:21

DOCUMENT # P01000070411

1. Entity Name
CYSTODYNAMICS, CORP.

Principal Place of Business	Mailing Address
~~36615 S. MIAMI AVENUE~~ #1003 MIAMI, FL 33133	~~36615 S. MIAMI AVENUE~~ #1003 MIAMI, FL 33133

2. Principal Place of Business		3. Mailing Address	
3661 SOUTH MIAMI AVE		3661 SOUTH MIAMI AVE	
Suite, Apt. #, etc. 1003		Suite, Apt. #, etc. 1003	
City & State		City & State	
Zip	Country	Zip	Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number 65-1152501 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAJARDO, ADRIANA L 20011 NE 10TH PL N MIAMI BCH, FL 33179	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAJARDO, ADRIANA L 20011 NE 10TH PL N MIAMI BCH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600042166226 10/25/04--01088--014 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 10/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/15 ✓