


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 25 AM 10:44

<b>DOCUMENT # P02000039072</b> 1. Entity Name CARDIO-VASCULAR TECHNOLOGIES, INC.					
Principal Place of Business 6460 TOPAZ COURT UNIT A FT MYERS, FL 33912-8310		Mailing Address 6460 TOPAZ COURT UNIT A FT MYERS, FL 33912-8310			
2. Principal Place of Business <i>1101 Periwinkle Way</i>		3. Mailing Address <i>1101 Periwinkle Way</i>			
Suite, Apt. #, etc. <i>Suite 101</i>		Suite, Apt. #, etc. <i>Suite 101</i>			
City & State <i>Sanibel, FL</i>		City & State <i>Sanibel, FL</i>			
Zip <i>33957</i>		Country <i>USA</i>		Zip <i>33957</i>	
Country <i>USA</i>		Country <i>USA</i>		03302005 REIN-P CR2E098 (6/04)	
4. FEI Number 02-0637491			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
8. Name and Address of Current Registered Agent  BRUST, BRUCE 6460 TOPAZ COURT UNIT A FT MYERS, FL 33912-8310			7. Name and Address of New Registered Agent Name <i>Brust, Bruce</i> Street Address (P.O. Box Number is Not Acceptable) <i>1101 Periwinkle Way Suite 101</i> City <i>Sanibel</i> FL Zip Code <i>33957</i>		
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 _____		<i>Bruce Brust</i> Bruce Brust Director		DATE <i>03/30/05</i>	
Signature, typed or printed name of registered agent and fee applicant.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$300.00</b>			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 <input type="checkbox"/> Delete BRUST, BRUCE 6460 TOPAZ COURT UNIT A FT MYERS, FL 339128310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Brust, Bruce</i> <i>1101 Periwinkle Way Suite 101</i> <i>Sanibel, FL 33957</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100054285771</i> <i>05/11/05--01049--007 **300.00</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		<i>Bruce Brust</i> Bruce Brust		Date <i>03/30/05</i>	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone # <i>239-472-5842</i>	

REINSTATEMENT *04-05*

