


# 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.	
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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
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REINSTATEMENT 04-05



2. Principal Place of Business 1101 Periwinkle Way Suite, Apt. #, etc. Suite 101	3. Mailing Address 1101 Periwinkle Way Suite, Apt. #, etc. Suite 101
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03302005 REIN-P CR2E098 (6/04)

City & State Sanibel, FL	City & State Sanibel, FL		
Zip 33957	Country USA	Zip 33957	Country USA

4. FEI Number 02-0637491	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRUST, BRUCE 6460 TOPAZ COURT UNIT A FT MYERS, FL 33912-8310
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7. Name and Address of New Registered Agent  Name Brust, Bruce  Street Address (P.O. Box Number is Not Acceptable) 1101 Periwinkle Way Suite 101  City Sanibel FL Zip Code 33957
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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: Bruce Brust Director DATE: 03/30/05

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

Bruce Brust

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BRUST, BRUCE
STREET ADDRESS	6460 TOPAZ COURT UNIT A
CITY-ST-ZIP	FT MYERS, FL 339128310
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brust, Bruce
STREET ADDRESS	1101 Periwinkle Way Suite 101
CITY-ST-ZIP	Sanibel, FL 33957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Bruce Brust Bruce Brust DATE: 03/30/05 DAYTIME PHONE #: 239-472-5842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bruce Brust