

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000071664

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** NORTH AMERICAN MEN'S HEALTH, INC.

**Current Principal Place of Business:**

20301 SW ACACIA ST  
SUITE 250  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

6400 NORTH ANDREWS AVE  
SUITE 450  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

PO BOX 14790  
IRVINE, CA 92623

**New Mailing Address:**

23275 S POINTE DR  
SUITE 100  
LAGUNA HILLS, CA 92653

FEI Number: 51-0445432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMPSON, JOAN  
6400 NORTH ANDREWS AVE  
SUITE 450  
FORT LAUDERDALE, FL 33309 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: JOAN SIMPSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HA, QUOC H  
Address: 23275 S POINTE DR, SUITE 100  
City-St-Zip: LAGUNA HILLS, CA 92653

I hereby 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 all other like empowered.

SIGNATURE: QUOC HA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

10/09/2013

\_\_\_\_\_  
Date