## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000092091

City-St-Zip:

FORT MYERS, FL 33912

Entity Name: BLOOD RECOVERY SYSTEMS OF FLORIDA, INC.

FILED Oct 30, 2008 Secretary of State

| Current Principal Place of Business:                                       |   | New Principal Place                | New Principal Place of Business:             |  |
|--|---|------------------------------------|--|--|
| 16520 SOUTH TAMIAI<br>PMB #297   | MI TRAIL #18  |                                    |  |  |
| FORT MYERS, FL 339   | 908   |                                    |  |  |
| Current Mailing Address:   |   | New Mailing Address:               |  |  |
| 16520 SOUTH TAMIAI<br>PMB #297<br>FORT MYERS, FL 339                       |   |                                    |  |  |
| FEI Number: 51-0425404   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                              |   | Name and Address o                 | Name and Address of New Registered Agent:    |  |
| BRANDT, ROBERT J<br>16520 S. TAMIAMI TR.<br>PMB #297<br>FORT MYERS, FL 339 |   |                                    |  |  |
| The above named entition the State of Florida.                             | ty submits this statement for the μ   | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE: ROBER   | RT BRANDT   |                                    |  |  |
| Electronic Signature of Registered Agent                                   |   | ent                                | Date   |  |
|  | .193(2)(b), F.S., the corporation did no<br>sing Trust Fund Contribution ( ). | ot receive the prior notice.       |  |  |
| OFFICERS AND DIRECTORS:  |   | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Name: BRANDT, RO   | ()Delete<br>DBERT J<br>VTRY COURT   | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RYAN BRANDT CFO 10/30/2008