2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000129415

Entity Name: ATLAST PAIN & INJURY SOLUTIONS INC.

FILED Oct 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

110 CENTURY BLVD 1 EVA ROAD 2ND FLR. STE 109

WEST PALM BEACH, FL 33417 US TORONTO, ON M9C4Z5 CA

Current Mailing Address: New Mailing Address:

110 CENTURY BLVD 1 EVA ROAD 2ND FLR STE 109

WEST PALM BEACH, FL 33417 US TORONTO, ON M9C4Z5 CA

FEI Number: 57-1160906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SLUSHER, JEREMY ESQ C/O BROAD AND CASSEL ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401 US

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: J SLUSHER

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ESTEBAN, RUBY
 Name:
 SACCO, MATTHEW

 Address:
 110 CENTURY BLVD
 Address:
 1 EVA ROAD, SUITE 109

 City-St-Zip:
 WEST PALM BEACH, FL 33417 US
 City-St-Zip:
 TORONTO, ON M9C4Z5 CA

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: MATTHEW SACCO D 10/02/2007