2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000043255

Address:

City-St-Zip:

15751 SW 137TH AVE., UNIT 104

MIAMI, FL 33177

Entity Name: ADVANCED RECOVERY SYSTEMS, INC.

FILED Oct 06, 2005 Secretary of State

Lillity Nai	HE. ADVANCE	D RECOVERT STSTEIMS, IN	C.		
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
15751 SW 137TH AVE., UNIT 104 MIAMI, FL 33177			16225 SW 117TH AVE SUITE/ BAY 18 MIAMI, FL 33177	SUITE/ BAY 18	
Current M	ailing Address	::	New Mailing Address:	New Mailing Address:	
15751 SW 137TH AVE., UNIT 104 MIAMI, FL 33177			16225 SW 117TH AVE SUITE/ BAY 18 MIAMI, FL 33177	SUITE/ BAY 18	
FEI Number:	03-0515684	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC MIAMI, FL The above	R 33145 US		urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ELIO MEL	_A			
	Electroni	Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MELLA, CARMÉ	H AVE., UNIT 104	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MELLA, ELIO	Delete H AVE., UNIT 104 7	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	SD () MELLA, JENNIFI	Delete ER N	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ELIO MELLA VTD 10/06/2005